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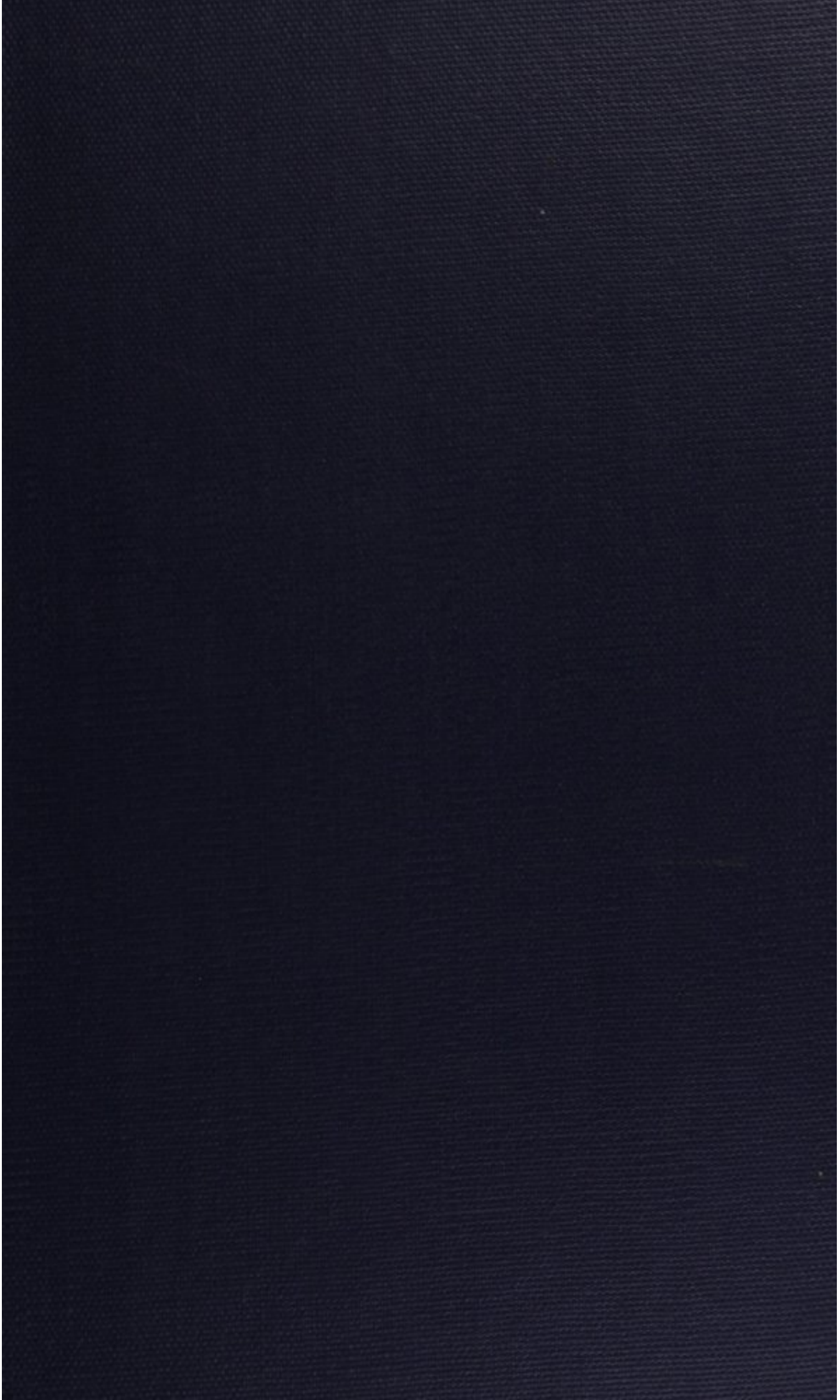

A

NEW AND COMPREHENSIVE SYSTEM

OF

MATERIA MEDICA

AND

THERAPEUTICS,

ARRANGED UPON A

PHYSIOLOGICO-PATHOLOGICAL BASIS,

FOR THE USE OF

PRACTITIONERS AND STUDENTS OF MEDICINE.

BY

CHARLES J. HEMPEL, M.D.,

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SECOND EDITION.

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PREFACE TO THE SECOND EDITION.

THE first edition of this work was nearly exhausted when the war, which is still desolating our country, broke out and sadly interfered with the book-trade generally, and more particularly with the sale of expensive medical works. Moreover the work was received with so much favor in England, that a London publishing firm deemed it conformable to their interests to reprint the work in England. In spite of these drawbacks, the first edition of this work, of fifteen hundred copies, was sold in a comparatively short period. The almost unanimous verdict of the Profession in its favor, has induced the publisher to put forth a second edition, in spite of the present enormous price of binding and printing material, and to furnish the work at the lowest price which the extraordinary outlay involved in its publication will warrant.

The reader will find that this second edition has been greatly improved and considerably enlarged by the addition of new remedies, and by a more careful elaboration of a number of the older remedies, to which a rather short space had been alloted in the first edition of this work. It has been my endeavor to embody in this work the doctrine of Homœopathy, such as it presents itself—a science as universal and imperishable as Nature; and to explain the clinical uses of our drugs in the light which this universal science sheds upon them, as restorers of the physiological harmonies of the animal organism.

To my friend, Dr. William A. Reed, of Philadelphia, I am

under great obligations for his valuable assistance in the revision of the proof-sheets of this work.

The Repertory, at the end of the Second Volume, has been greatly enlarged, and will be found of eminent advantage to those who desire to avail themselves of this work, as a clinical guide at the sick bed.

The author avails himself of this opportunity of tendering his warmest acknowledgments to the Profession for the numerous and unsought-for expressions of approbation which he has received from students of medicine, as well as from many of our most eminent practitioners; and will endeavor to render subsequent editions of this work as complete as the progress of the medical science may enable him to do.

CHARLES J. HEMPEL, M.D.

GRAND RAPIDS,
KENT CO., MICHIGAN,
November, 1864.

LECTURE I.

INTRODUCTORY.

GENTLEMEN:—In these halls which are consecrated to the solemn business of teaching the life-giving truths of Homœopathy, we again welcome you as the future champions of this God-created science. Forty years ago her illustrious discoverer had to flee before her ruthless enemies, until he found a refuge within the boundaries of the humblest principality of Germany. Since then we have achieved a triumph which promises still more brilliant success. We have our own pharmacies; our numbers have swelled to many thousands; we are honored with the confidence and respect of the most intelligent and influential members of every civilized community; we boast of chartered institutions, dispensaries, hospitals, colleges. In our own glorious and imperishable Republic, Homœopathy, like an infant Hercules, is advancing towards the period when strong, majestic, radiant with the sun-light splendor of a divine truth, she will go forth in the irresistible might of her manhood to do battle for the great good of humanity, and to combat the mischievous practices of the destructive therapeutics which the infatuated professors of antiquated systems have been permitted for centuries to proclaim *ex cathedra* as the orthodox tenets of medical science.

Ours is a noble and sacred position. We are not simply teachers and students of medicine; we are the professed advocates and promulgators of a medical doctrine which is to revolutionize to its very foundations a time-honored system of therapeutics. The old landmarks of medicine are to be forever removed by the new dispenser of healing powers; the horrible tortures which the deceitful genius of man has contrived for the relief of the sick, and to which the votaries at the shrine of an unregenerate Æsculapius still adhere, with all the unfeeling tenacity of incarnate fiends, are to be buried in the abyss of eternal oblivion; a whole empire of medical Pride, Superstition, Prejudice and Interest is to be overturned, and a new

temple of the healing art is to be founded upon God's great law: that so far from a relation of antagonism existing between the disease and its remedial agent, this agent on the contrary unites itself with it, as it were, by some mysterious but inevitable process of attractive affinity, and gently hushes and removes the disturber, without leaving a trace of his painful presence. These are the objects of our endeavors; *our* pride is not centered in a creed; *our* interests are those of suffering man; *our* worship is the love of truth; *our* school is boundless nature; *our* teacher, Reason, fortified by observation and experience.

If our aim is elevated, our responsibility is correspondingly great. We owe it to the public, and above all to our own consciences, that we should be right. If we claim the privilege of an unsparing criticism towards our opponents, we certainly should exercise the strictest watchfulness over the developments which are going on in our own midst, and are presented to the world as integral portions of the homœopathic fabric. A candid, fearless and impartial examination of our own doings and teachings can only result in good to the cause of medical truth and of the sick; moreover, we have become a power in the land; we can afford to exhibit our weakness in broad daylight; our strength will become the more apparent and formidable; and the sting of satire, which threatened to poison the very life-springs of homœopathy, will seem as harmless as the prating of babes, or the vapid nonsense of learned sots.

Let us then devote a few moments to an examination of the past, the present and the future of our cherished science. I beg the privilege of presenting my remarks under the respective heads of "the FOSSIL, the TRANSITION, and the PROPHETIC PERIODS of Homœopathy."

FOSSIL PERIOD.

THE old fable of Minerva starting out of Jupiter's brain a full-fledged goddess, armed and equipped for war, with spear, buckler and helmet, has never yet found, and is not likely to find, its realization in the sciences or arts. The law of gradual growth seems to be a necessity inherent in the organization of all finite existences and discoveries. Homœopathy is subject to this law. To suppose that a finite mind could have perceived at a single glance all the facts of the new science of therapeutics, and could have arranged them into a faultless system of relations and applications for the use of succeeding generations, would be to suppose that God had delegated his infinite wisdom to mortal man, for the accomplishment of such a work. Homœopathy, eternal in nature and reason, had to have a beginning and a development in time. In the midst of Cimerian darkness and chaotic confusion, the sun of medical truth shed his first rays over one of the small capitals of Germany. Fragmentary essays were the first fruit of the new light; gradually a compact system of the new doctrine was given to the world, and it was not until several years had elapsed after the publication of the Organon, that the Materia Medica Pura was completed.

In Hahnemann's case, theory preceded practice. He was a man of genius and the *discoverer* of a great law, interwoven in the very foundations of nature, and constituting an essential element in her infinite mechanism. Cullen might have seen it before Hahnemann, but although a fine thinker and an excellent physiologist who believed in the vitalizing forces of the nervous system, and was therefore far in advance of the massive humoralism which had been dispensing under Boerhaave's lead its dissolvant, its deobstruent, its discutient, its incrassant brews and decoctions: yet his was not the glorious destiny to interpret the specific curative relation which Peruvian bark holds to intermittent fever, as the result of an universal law which would prove applicable to the treatment of diseases generally, and would be universally followed by the same positive and life-saving results. It is the perception of this specific relation of the bark to intermittent fever which establishes the genius of Hahnemann; the readiness with which he generalized his discovery, shows the vastness of his grasping intellect.

The opponents of Homœopathy deny that Peruvian bark is endowed with the specific power of producing a condition like fever and ague in the healthy organism. They affect to account for the effects of bark experienced by Hahnemann by the fact, that these effects resulted from a foregone conclusion in Hahnemann's mind. He had predetermined that the specific curative power of bark in fever and ague, was owing to the property it possesses of realizing a similar disturbance in the healthy organism; and therefore, when he experimented with bark in order to verify the correctness of his theory, the specific effects had to be such as he had decided in his own mind they should be. This is Professor Simpson's theory against Hahnemann. He too took the bark without experiencing any of its fever and ague symptoms, and therefore he concludes that, in the matter of Simpson versus Hahnemann, he, Simpson, being his own judge and jury, brings in a verdict in his favor without the least hesitation or compunction of conscience, and apparently satisfied that Hahnemann will go down to posterity, if he goes there at all, or does not go to a worse place, as a common impostor, covered with merited derision and contempt. But the Professor has failed to perceive that his argument against Hahnemann cuts both ways, for it certainly was a foregone conclusion in the Professor's mind that bark should *not* produce fever and ague; hence it did not produce it.

The discovery of Homœopathy will be viewed in another, I should say more heavenly light, by those who religiously believe that God's providence rules the destinies of this humanity. God knew that in the course of time diseases would invade the human frame, and He certainly must have provided means of meeting the adversary in an adequate manner. And inasmuch as God's providence operates by universal laws, He must have arranged, in the very framework of nature, an universal principle of cure, which, in due course of time, would be discovered and applied for the relief of the sick. We have a right to suppose that, if love and wisdom be not mere abstractions, but living and efficient attributes of the Divine Creator, His infinite love would prompt His wisdom to devise such a law of

cure, and, in order that it might become operative, to appoint some suitably-prepared mind as the discoverer and promulgator of this divine system of therapeutics.

Now, if these premises be correct (and I do not see how any religious physician can dispute their soundness,) we have a perfect right to look upon Hahnemann as the vessel whom it pleased God to fill with the wisdom and energy required for the great work of medical regeneration. All that it is incumbent upon us to do, is to substantiate by reasoning and experience the incontrovertible validity of his great discovery.

Even our opponents must admit, that if, in the fulness of time, the God-appointed architect of a true system of therapeutics should make his appearance, he will prove to be a man peculiarly fitted for his work—endowed, not only with a high order of intellect, with indefatigable energy and the flash of genius, but with all those delicate, unerring physiological susceptibilities which we contend Hahnemann possessed. If he was a God-appointed reformer of the old system of medicine, we certainly cannot be charged with extravagance, if we claim for Hahnemann a keenness of sensibility to medicinal impressions which, for aught we know, may have exceeded those of any of his cotemporaries; at all events, they must have been adequate to the task he had to perform, of revolutionizing the Materia Medica and establishing the new system of therapeutics by means of successive provings of drugs upon himself and his disciples. No man can perform a great work unless his soul is inspired with the love of it. Hahnemann's enthusiasm may have fired all the energies of his noble intellect; it may have quickened all the sensibilities of his untainted organism; and why should not this have fitted him, in a most eminent degree, for the sublime business of determining the therapeutic properties of drugs by systematic provings upon himself and his faithful disciples? Why should these natural advantages of destiny and organization have transformed Hahnemann's mind into a laboratory of baseless hallucinations, fit only to delude an imbecile crowd? We cannot accept these inferences of his reckless defamers; nor can we accept the inference that, because Hahnemann's humanity was not immaculate, he must therefore have been a contemptible quack. We are told by his enemies that he permitted himself, during the earliest period of his professional career, to sell one or two medicines as specific remedies for certain diseases. I have been unable to ascertain how far these charges are founded; but supposing they were, would this conduct on the part of Hahnemann militate against his fitness to discover the true law of the healing art? He was poor, he had to procure bread for his family, and he may have momentarily yielded to the weakness of regarding the products of his genius as a marketable offset against the poverty which had fallen to his lot. The apostle, whom the Saviour addressed as the rock upon which he would build the foundations of his eternal church, perjured himself in the ante-chamber of Caïphas, by denying the Master in whose service he afterwards suffered an infamous and horrible death. Gentlemen, if there is a meanness on God's earth which I despise

more than any other, it is the canting hypocrisy and the arrogant self-sufficiency of professional men. Behold by whom the ranks of the medical profession are filled! God be praised, we can boast of a few thoughtful, honest, liberal-minded men, who love truth more than a creed, and who would rather serve the sick than sordid interest or hollow-hearted ambition; but what, besides their parchments, entitles a majority of medical practitioners to their seats in the council-chambers of medicine? Where is the ever-active ambition for the good of man, the ever-aspiring love of progress, the comprehensive liberality of thought and feeling that distinguish the good Samaritan among us? To hear such a man as Hahnemann, the gifted son of Heaven, whom the wise and good Hufeland delighted to honor as a friend and brother, traduced by the brainless multitude of the common leechers and calomel-venders, or by the arrogant pedants who fill professors' chairs in allœopathic colleges—men who, under cover of their parchments, and the semblance of ethical morality, permit themselves to practice the most cruel deceptions and extortions upon their patients—is enough to make an honest man's blood boil with indignation. May God have mercy upon their nameless frames, when the memory of Hahnemann shall be wreathed in the temple of Immortality with the homage of a redeemed humanity!

Homœopathy was ushered into the world an infant giant, turgescent with the new life. At the very threshold of his discovery I request you to identify yourselves with the position and the mind of Hahnemann. What was it that flashed through his mind when he beheld the new truth? What was that one glimpse, that one inspiring thought, that inmost revelation of genius which was as yet unfettered by the chains of words, and emerged from the chambers of his mind like a shapeless consciousness, a vague aspiration, if you please, before the understanding had time to recover from its surprise and examine the quality of this instantaneous unfolding of thought? Gentlemen, it is because the followers of Hahnemann have failed to grasp the nature of that inmost perception, that the heavenly science which he was commissioned to announce to the world, has been misapprehended by some of her earliest apostles, and has been developed into channels that will require a thorough purification before the healing powers of their waters can be commended to the sick with uniform confidence in all curable diseases.

Behold Hahnemann in the presence of the new truth; its inmost, etherial essence floating before his mental vision like a wavelet of transcendent light. What was it that this focus of revealing brightness conveyed to his startled reason? Why, it was simply this: that there is no essential difference between the principle of disease and the principle of the drug. Be disease what it may, a purely physiological disturbance as Broussais would have it, an effect without a cause as it were; or the result of some morbific agent acting upon the living tissues as a subverter of their functional equilibrium: the drug-action must not only be analogous to it, but must meet it from beginning to end, must be its exact counterpart, a sort of framework into which the essential principle of disease will fit as its own home

and orderly arrangement, and which it will most gladly accept in the place of an opposing organism, which is the legitimate sphere of harmonious and constructive, instead of discordant and destructive forces. It is this intellectual perception of the essential oneness of the morbific principle and the drug-force that quivered through Hahnemann's mind when he beheld the first rising of the new sun on the distant horizon of truth. In this one universal thought you grasp the very spirit of Homœopathy; in this one thought she has her being; this relation of harmonious oneness between the drug and the disease is the absolute, the inevitable condition of every therapeutic cure.

Gentlemen, the letter killeth. It might have been well for Homœopathy if the spiritual perception which had been enkindled in Hahnemann's mind, could have expanded into symbolic speech of a corresponding order. Would that we could have witnessed and understood the silent communing between the Master's soul and the holy presence that came to him in those inspiring moments. This has not been our privilege, and we have to gather our knowledge of the inmost workings of his mind from the printed record which he has left behind him. So soon as Hahnemann confided his inmost thoughts to words, he exposed them to the danger of being misapprehended by those whose intuitive vision of the truth was clogged by the coarse and clouded understanding. And who can tell how far, in Hahnemann's own case, the effort to analyze and to give definite shape and utterance to the new truth which shone into his mind from the bosom of the Infinite, may have diverted the quivering ray from its true course into a series of developments more or less tainted by the peculiarities of his mental constitution and the fallacies which, to a greater or less extent, are inherent in every finite mind? Hahnemann's position at the time when the great truth of Homœopathy flashed upon his mind, was a very peculiar one. He was like a great chieftain marshaling his forces against an enemy, who has fortified his camp with all the contrivances that human cunning can suggest; an offensive as well as a defensive position. Hahnemann conducted this war of extermination with merciless energy. He engaged in the combat with the determination of crushing the enemy as a monster of wickedness and falsehood. What else could be expected of a spirit which, like his, loved truth and loathed the systems that had been playing foot-ball with suffering humanity for thousands of years? Medical science was utterly depraved; it had to be wiped out; baseless theories and gross materialism were its component parts; the little wheat contained in such an immense quantity of chaff, was hardly worth preserving; Materia Medica, Therapeutics, Pathology became a mass of ruins, and the flag *similia similibus* floated over the enemy's camp.

Similia similibus was the motto upon the escutcheon of the new truth. Hahnemann, I have no doubt, understood himself perfectly in thus formulating his great discovery. Having destroyed the enemy's fastnesses, he built up his own works, cementing the whole fabric into a coherent system under the name of Homœopathy.

The principles of this system are explained in the Organon. This great synthesis constitutes the defensive works of Hahnemann's discovery. They have been assailed with all the weapons which sarcasm, sophistical cunning and material science could furnish. That these works must guard some precious treasure, is evident from the fact that no regulars ever assemble in convention without flinging a little of their dust at Hahnemann or his discovery. Even at the recent convention of apothecaries at Washington, Professor Guthrie of New York, in his address, alluded to Homœopathy as an infinitesimal humbug, which must undoubtedly appear a great improvement on former insults of this kind, if we consider that Homœopathy has always been represented as a humbug of monstrous proportions, and that infinitesimal, in the minds of her defamers, means infinitesimally small.

To us the formula *similia similibus* which embodied a luminous truth to Hahnemann's mind, presents itself more or less as a mystic symbol which, as paraphrased by its author, means, that diseases can only be cured by remedial agents which produce in the animal economy, while in a state of health, conditions resembling in all respects the natural disturbance. Hahnemann believed in diseases; but he likewise believed that the essence of diseases would ever be an inscrutable mystery to the infinite understanding and that all that we shall ever know of diseases, is the manner in which they appear to the senses as an aggregate of phenomena. The morbific force manifests itself to us by its effects on the living organism; these effects are our therapeutic indications, to remove which we have to operate with drugs that produce effects of an exactly similar order upon the tissues in health.

To an unsophisticated mind, this doctrine, thus expressed with a certain generous vagueness, would seem to embody a beautiful and saving truth, nor is it probable that it would ever have been assailed with one tithe of the fierce bitterness and venomous satire which have sought to crush the life out of it, if the practical developments which were given to it by Hahnemann and more particularly by his earlier disciples, had not been mixed up with a mass of unimportant, pedantic details that were not only shocking to the universal sense of the profession but threatened to hide the new light under a bushel. The influence which the irresistible weight of circumstances had upon Hahnemann's mind, was not appreciated by his disciples. If the great reformer denounced the absurdities of pathological theories and therapeutic methods with intelligence and power, his disciples, feeling secure under the wings of his genius, saw fit to despise the very idea of pathology; in the place of the luminous intuitions with which Hahnemann determined the character of a given disease, and the specific adaptation of this, that or the other drug to its essential nature, they had to content themselves with a sterile comparison of the symptoms of the disease with the symptoms of the then known drugs, in order to effect by such purely external juxtapositions of morbid phenomena the selection of a remedial agent whose homœopathicity to the existing case was determined by the numerical proportions of its symptomatic similarities.

The shape which the science of Homœopathy took in these earlier periods of her existence, seemed so contrary to reason that even the good and wise Hufeland who had generously opened the columns of his influential journal to an exposition of Hahnemann's doctrines, saw fit to undertake a refutation of some of his positions.

Some of Hahnemann's illustrations of homœopathic action which have been put forth as perfect clinchers in all popular discussions on Homœopathy, evidence the beautiful delicacy of the physiological adjustments of the living organism, rather than the homœopathic relation of such remedial measures to the functional disturbance. The cure of a burn by the application of heat, and the restoration of a frozen limb by means of cold, are physiological rather than therapeutic processes, essentially of the same order as the restoration of a man who is dying with hunger, by means of the smallest quantities of nourishment, or of the restoration of a man who is dying with thirst, by means of small quantities of liquid. To the eye that has been operated on for cataract, we measure out light very gradually; to the stomach that has been deprived of food until its vital energies are nearly exhausted, we administer food within restorative limits, commencing perhaps with a few drops of wine or a teaspoonful of broth. If we were to meet a pilgrim in the desert, dying with thirst, would we inundate his stomach with a bucketful of water? The mucous membranes being exhausted, would not the feeble flicker of vitality become extinct, if the prostrated brain were called upon to effect the absorption of such a disproportionate mass of liquid?

A similar physiological caution is required in the treatment of frozen limbs. If we were to expose them to the ordinary heat of a stove, we should soon bring about decomposition of the injured parts; hence we administer caloric within conservative or rather restorative limits, first, as much of it as is contained in snow, ice or frozen sourkrout, and gradually increasing the quantity as the vital action becomes strengthened.

In the case of burns the opposite process takes place. If we were to plunge a burnt limb into ice-water, we should soon destroy it; hence we abstract caloric very gradually, imperceptibly at first by applying heated alcohol, spirits of turpentine or similar agents which contain a sufficient amount of cooling principles to quicken the feeble reaction of the deeply-wounded vitality of the part.

Upon similar grounds we remove the pain of a simple burn by exposing the part to the heat of a stove or to the flame of a candle. It is not the hot stove or the burning candle that effects a cure in such cases; the excess of caloric is abstracted by the cooling influence of the surrounding atmosphere, which has to be tempered by the proximity of heat; else the pain would increase in consequence of the disproportionate amount of vital reaction which the decomposing tendencies of the atmospheric oxygen might excite in the injured part. These, friends, are physiological processes, which Homœopathy has no legitimate right to offer as illustrations of the law "*similia similibus curantur.*"

False issues were raised in the bosom of the Homœopathic School. Medicine is both a science and an art. The science was speedily

overlooked in the midst of the multifarious claims, explanations, suggestions with which the homœopathic artists filled their journals. By such writers as Hering and Bœnninghausen, the most fanciful and baseless speculations were dignified with the term "law." The most childish verbiage about right, left and cross symptoms, upwards and downwards, vertical, horizontal and diagonal action of drugs, and a mass of kindred balderdash was put forth by these and other writers of the Homœopathic School as the solemn dictate of Nature.

Moreover, every trifling sensation became a symptom. After Hahnemann had published his great work entitled "Materia Medica Pura," which history will revere as a monument of careful and reliable experimentation, a perfect symptomania took possession of the self-constituted leaders of our School. At that time Hahnemann had already grown grey in the midst of his triumphant labors, and he cannot justly be held responsible for the theoretical extravagances of his disciples. The Materia Medica was flooded with a perfect deluge of symptoms which would have dishonored and destroyed any medical doctrine that was not founded upon the rock of eternal truth. And materials have been crowded into it that must seem disgusting to every pure-minded man. Cimex lectularius and pediculus, the bed-bug and the louse: Gentlemen, if we cannot cure diseases without such materials, my advice is, let us exterminate the materials, and leave the cure to nature.

Things could not well go on in this direction without exciting a powerful reaction against the theoretical assumptions of Bœninghausen, Gross and other writers of that time. We now enter upon the

TRANSITION PERIOD

of Homœopathy. One of the first men who raised his voice against the then existing fancy-sketches of the homœopathic symptom-fabric was the medical counsellor Dr. Rau, a man of the highest professional standing, and of consummate judgment, education and experience. In his Organon, of which I furnished an English translation some ten years ago, he vindicates medical science with a full knowledge of its legitimate claims. A band of noble minds soon united in upholding the great cause of medical truth. Griesselich published his *Hygea*, and the best thinkers of the Homœopathic School became contributors to its pages. Pathology, therapeutics and medical common sense had again a representative in our midst. The symptom-doctors opened fire upon the impertinent intruders in isolated pamphlets as well as in their regular publications. Hering, who had virtually denied the specific character of diseases, and had taught as one of his self-styled laws, the childish absurdity, "that any disease may be cured with any drug," conceived such a bitter hatred against Griesselich, that even after the death of the lamented reformer, he could not refrain, in a scurrilous publication entitled "*Hauhecheln*," from alluding to this noble-minded thinker in vulgar and unjust language.

The withering pages where Griesselich brushes away the flimsy cobwebs of his opponents, constitute some of the most brilliant and instructive chapters in the literature of our school. Thanks to the efforts of Griesselich and his friends, the student of Homœopathy, whom the quicksands of an unmeaning symptomism had plunged into an abyss of doubt and uncertainties, again found himself placed upon solid ground, where he might cast the anchor of hope. Neither the nosological empiricism which Hahnemann had so justly rebuked, nor the fantastic and truth-destroying symptomism which the dictatorial triumvirate of Bœnninghausen, Hering and Jahr sought to substitute in its place, found favor with the writers of the Hygea. With every proper feeling of reverence for the noble old man whose genius had awakened this new longing for truth in their souls, they subjected his doctrines to the most rigid examination; they repudiated the idolatrous man-worship, to which the triumvirate and their followers seemed addicted; they proclaimed the doctrine that diseases are essential modes or conditions of existence, which are just as immutable as the physiological functions of the organism, and of which the symptoms are manifestations full of meaning to the intelligent observer.

What a change in this dreary wilderness of symptoms, which the triumvirate had been in the habit of arranging into unstable and illogical groups, without any regard to their internal relationship and fitness, simply in accordance with certain arbitrary and ridiculous notions of up and down, right and left, backwards and forwards, crosswise and otherwise. Symptoms ceased to be hieroglyphic symbols; they became speaking witnesses of an abnormal, but essential condition of the organism, upon which their individual quality and their general relation to each other depended.

Granted that the inmost essence of diseases will forever remain an inscrutable mystery—although such a doctrine seems to me to imply an uncalled-for and utterly gratuitous interference with the rights of human reason—nevertheless, these abnormal conditions of the organism are just as accessible to the scalpel of inquiry and observation as the normal physiological states of our frame. We certainly may know as much of disease as is needful for us to know in order to effect a cure by therapeutic means, in accordance with some definite, consistent, uniformly-true method of treatment. Hence, whatever may tend to shed light on the causes, course and terminations of a disease, belongs to the domain of human thought and observation. Hence, again, the study and analysis of post-mortem changes may become useful and even highly important means of diagnosis. And hence we derive the consoling conviction that the researches of our cotemporaries, in the departments of physiological chemistry and pathological anatomy, have not been love's labor lost, but may be turned to excellent account by men who are in possession of an universal principle of cure.

Gentlemen, the writers of the specific school, which offers the only just and legitimate conception of Homœopathy, have shown us the problem that we have to solve: A disease being given, to determine the character, the probable course and termination of the disease,

and to select the remedial agent that shall meet it at all points, as its natural, direct or specific neutralizer. We shall revert to this subject in our last division of this discourse.

If the fossil period of Homœopathy had been distinguished by the most lamentable misconceptions and positive perversions of her spirit, the specific school became no less tainted with the most woeful absurdities. Griesselich had departed, and the Hygea had become defunct. The lucid and eminently philosophical teachings of this journal no longer stimulated the vital currents of scientific Homœopathy. The symptom-school had repudiated the validity of pathological lesions as homœopathic indications, with an unaccountable and utterly unreasonable stubbornness. In endeavoring to correct the errors of pathology, the adherents of this school expelled both truth and falsehood. They drove out one devil, but seven other devils took possession of the premises. They ostracised the names of diseases which had become household words among the people. Instead of calling a thing pneumonia or inflammation of the lungs, by which every honest-minded and unprejudiced physician understands a condition of the lungs characterized by morbid phenomena of a definite and more or less specific order, constituting an unitary complex of disturbed functions, subject to well-known, orderly changes and characteristic terminations, we were told that this gross nosologism is incompatible with the dignity of Homœopathy. We were told to take a record of the symptoms, and to individualize, as it was termed, every case of disease, by filling a whole sheet of foolscap with the subjective sensations of the patient.

The whole past of pathology was flung in the dust. The Hippocratic school which had made the development, relations and terminations of morbid phenomena an object of the closest scrutiny and observation, was theoretically ignored as unavailable; the great page of Medicine was a blank which henceforth had to be filled with the ten thousand jerkings, twitchings, prickings, spots, pimples and insignificant nothings that our symptom-hunters have crowded and keep crowding into our Materia Medica without order, without any diagnostic acumen, without any reference to those fixed and immutable pathological conditions which have marked the pages of human history with the characters of one, uniform, identical language of woe.

If there be unity in Nature any where, it is to be found in pathology. Study disease in China or among the aborigines of our continent, under the bright sky of a southern sun, or among the snow-clad plains of the poles; you will find it every where exhibit the same characteristic phenomena and obey the same laws of development, save accidental differences which the modifying influences of climate and mode of life may impress upon it, without in the least affecting its essential characteristics. A pneumonia in Greenland is the same disease as a pneumonia in Naples, and the syphilis of a Chinese requires the same treatment as the syphilis of the West Indies.

The consoling unity of the principle of disease, without which we could never expect to arrive at a true Science of Therapeutics, we

are to fling to the winds; the fixedness and immutability which has characterized disease from the primeval ages of the world to the present day, we are to repudiate as a scholastic chimera; these grand divisions of disease which Infinite Wisdom has set up in the very frame-work of Nature in order to render the eternal Scourge amenable to the tribunal of human reason and subject to the control of those specific agents which the hand of Infinite Love has scattered along the path of suffering man: we are to ignore, and accept in their stead the baseless, planless, arbitrary, illogical, indefinite, incoherent, unreliable and ever-changing combinations which the symptom-school would fain have us consider as the consummation of therapeutic wisdom.

It would be well for humanity, if the professional sense and the common sense of an unsophisticated, non-professional man, remained essentially the same. Many of the theoretical absurdities which creep into the medical schools might then be avoided, and man might be spared untold suffering, to which the dangerous practices that false theories so frequently suggest, give rise. But by some sad fatality the study of a profession, and more particularly perhaps of the medical profession, instead of developing and fortifying common sense, seems to have a tendency to bias the judgment, to obscure the intuitions of reason, and to entangle the mind in a maze of sophisms which, by habit and interest, finally become a second nature.

If a layman of common sense, speaks of pleurisy as a disease, he does not mean that the pathological lesion of the pleura, the effusion into the pleural sac, the stitching pain and acute soreness in the side, the panting respiration, the tearing cough, the bloody expectoration, the fever, headache, flushed face, coated and inflamed tongue, and the various consensual symptoms are the disease, but simply the effect of disease. By an authorized abuse of language, and for the sake of abbreviating the matter, we designate these pathological changes and conditions as the disease. Such incorrect forms of speech may save a good many circumlocutions and fatiguing definitions, and they are perfectly harmless, as long as they are not mistaken for an expression of the truth.

There is no harm in saying, the sun rises or sets; these customary expressions, although implying a radical falsehood, are perfectly compatible with the most rigid calculations of astronomy. But, if we would build a theory of the starry heavens upon these illusory phenomena, the whole science of astronomy would become perverted. In medicine, a great many forms of speech are current among the people, which would do no harm, if they were not made the basis of a theory and corresponding practice.

The most popular error in medicine is, to speak of a pathological lesion as a disease. If the lungs are inflamed, the common man calls that inflammation a disease. The professional physician who ought to know better, has been beguiled into accepting these popular definitions as the genuine truth, and erecting upon such false theories a system of treatment fraught with danger, mischief and suffering.

In order to remove the effused serum from the pleural cavity, he applies a blister to the side, for the purpose of drawing the fluid out.

This is but too often the vulgar explanation of such a proceeding. Knowing that, in pleurisy, the capillaries are injected, he applies leeches to the side of the thorax, in order to remove the accumulated blood which he considers as the cause of the inflammation. It seems incredible that physicians should entertain, and act in accordance with, such absurd notions; but pathology has been full of such illusions.

Hahnemann repudiated the doctrine of pathological lesions as a fruitful source of deceptions. Yet, the study and analysis of pathological changes after death, seem to exercise a powerful attraction on the most gifted medical minds. Why is this? Why should a man like Rokitansky be willing to spend his life among cadavers, amid the ruins of the dissecting-room? Certainly not to act the part of an intellectual hod-carrier, but because he honestly fancies that these dissections and microscopical examinations of diseased organs may lead him to a more accurate and more intimate knowledge of the nature of disease. The method may be faulty, but the aim is noble, and the arduous labors of such a man are eminently deserving of the commendations of our school.

Only let us guard against repeating the mistakes of the old-fashioned empirical nosologism, and connecting mere names of diseases with remedial agents in the fatal bonds of an indissoluble union. If we say that Phosphorus is a remedy for pneumonia, or Bryonia for rheumatism, let us associate with these technical names, definite abnormal states, with which the Phosphorus and Bryonia-action, corresponds both in essence and in form. If this course had been uniformly pursued by the specific school, the dangerous extravagance of regarding certain remedies as absolute specifics for certain general disorders, such as Arsenic for typhus abdominalis, Phosphorus for pneumonia, Pulsatilla for amenorrhœa, would have been avoided, and the specific homœopathic relation of a drug to a disease, would have been understood to mean what it really does mean in nature: that a certain abnormal state of the organism can be directly met by only one remedy, in the same sense as that there is but one straight line from one point to another.

Thirty years after the publication of Hahnemann's Organon, the Homœopathic School had undergone considerable modifications, owing to the persevering and eminently successful efforts of Griesselich, Schrœn, Arnold, and a host of other writers and practitioners of this stamp, to elevate the scientific character of Homœopathy, and to expound her principles as natural laws, independently of tradition and authority. One of the most brilliant and philosophical works of that period, where the connection of homœopathic therapeutics with psychology, physiology and pathology, is shown with great force and originality of thought, was published by Dr. Koch, of Stuttgardt, who is now residing and practising among us.

The adherents of a purely technical symptomism had dwindled down to a very small number. Homœopathic physicians had discovered that, under the guidance of their therapeutic law, the facts of pathology might be converted into beacon-lights as it were, pointing out to the helmsman, to whose watchful care some patient

had confided his frail bark, a safe entrance into the haven of convalescence. Broussais, who had defined a symptom as "the cry of a suffering organ," spoke an intelligible language to the physicians of our school. The symptom was no longer a sensation without quality, but a speaking witness of some peculiar, characteristic, or we might say, specific disease, an element of an unitary group, to all whose other elements it was related by virtue of an essential identity, and from which it only differed in appearance, in consequence of the functional and structural differences of the affected organ, tissue or system. The contempt which the regular physicians, as they self-complacently style themselves, had experienced for homœopathic practitioners, gave place, in Germany at least, to considerate treatment. In the writings of the opposition press, they are frequently alluded to as "our respected colleagues." This change of tone was not the result of a compromise, but of actual conquest. Some of the most distinguished Professors of Medicine in Germany, admit that there is a good deal in Homœopathy which may be made available; they admit that their poor patients have been physicked too much, and that their prescriptions are unreasonably complicated; they even go so far as to ransack our Materia Medica, and to appropriate some of our drugs, without it is true, being always very particular in regard to mentioning the source whence they are derived. Professor Schœnlein, of Berlin, recommends Pulsatilla for menstrual suppression in doses of one-sixteenth of a grain.

Previous to the thorough discussion which the doctrines of Hahnemann underwent in the columns of the Hygea, the infinitesimal globule had been considered as an indispensable accompaniment, a logical and inevitable result of the homœopathic law. This opinion which, if allowed to prevail in an absolute sense, might have led to injurious and perhaps fatal mistakes in practice, was tempered, through the efforts of the Hygea, with a suitable admixture of belief in the homœopathicity and curative adaptation of larger doses of the remedial agent. Even the tinctures of such drugs as Pulsatilla, Aconite, Belladonna, Nux Vomica, and the lower triturations of Mercury, Sulphur, Arsenic and other agents, were not only used with signal advantage, but were found to be equal, if not superior, to the attenuations in a number of cases.

The bugbear of homœopathic aggravations had likewise been stripped of its terrors. This doctrine was a logical consequence of Hahnemann's peculiar mode of explaining the operation of homœopathic agents, and therefore liable to modifications just so far as these explanations might require to be modified. It was found that, in many cases, the natural development of the morbid phenomena had been mistaken for a medicinal aggravation, and that the subsequent relief was a natural subsidence of the pain, and by no means owing to an organic reaction against the primary action of the drug. Thus one stumbling-block after another was removed, which had been in the way of a calm examination of the tenets of our school; the number of sober-minded homœopathic practitioners increased from year to year; every fact in therapeutics and pathology, of which homœopathy could justly and usefully avail herself, was

incorporated in her statute-book, and the day seemed to have dawned when the regenerating influence of the homœopathic law would be felt in the whole domain of medical sciences.

Gentlemen, the time will come when the law *similia similibus* shall whisper accents of wisdom in every council-chamber of our opponents; but we should not attempt to obtain this influence by an abandonment of principle. It is strange that in our own country, where Homœopathy is rushing onward like a mighty river in her triumphant course, her crystal purity should be contaminated by the mischievous folly of some of her pretended advocates.

Some of the writers in the North American Homœopathic Journal promulgate doctrines which every philosophical thinker of our school must regard as perversions of the very principle which constitutes the corner-stone of homœopathic therapeutics. The physiologism of Broussais, the iatro-chemism of Liebig, the humoralism of Boerhaave, the empiricism of Rademacher, all the medical absurdities of the present and past centuries, are mixed up by Dr. Peters with the facts of Homœopathy, in that species of eclecticism which Trousseau and Pidoux condemn as "a source from which emanates the nothingness of chaos, and which, proscribing all unity of method, has led to the numerical system, the last cloak of sceptical weakness."

Is it proper for a homœopathic practitioner to blow hot and cold in the same breath, and to swear by any kind of treatment that folly, pride and reckless caprice may suggest? If the homœopathic law of cure be not an universal principle, capable of being defined and applied with scientific precision, why affect the name of homœopathic? Is not this trifling with the sacred things of God and humanity?

In an article on fatty diseases of the heart, Dr. Peters proposes to get rid of the fat by deluging the stomach with liquor potassa. A pint, says he, will dissolve several pounds of it. No more beautiful illustration of iatro-chemism could be found in the whole range of medical literature.

If you adopt physiologism in one instance, why not be consistent? Why not stimulate the liver with your calomel, or narcotise the brain with opium? We may feel disposed to excuse the illusions of this false system of physiological therapeutics for the sake of the consistency with which it was taught by the distinguished Professor at the Val de Grace, with an eloquence and a brilliancy of genius that fascinated the medical world of Paris, and unfortunately was backed by a power of specious logic, and a justness and depth of criticism, which swept the medical horizon like a meteor of dazzling splendor. But to see Hahnemann chained to the car of Broussais, must excite a feeling of pity and contempt in the heart of every clear-headed homœopathic physician against these shallow attempts to fish pure pearls in muddy waters.

Who can read a paragraph like the following in a professedly homœopathic journal without a feeling of bitter disappointment and disgust: "Acids prevent the digestion of, and remove fat; a Spanish general who was enormously corpulent, is said to have removed the fat so rapidly by drinking large quantities of vinegar, that he could wrap the loose skin around him like a cloak; another case was

promptly cured by Nitric acid; yet when Nitric acid is made to act on fibrin apparently deprived of its fat, an oily substance is disengaged; and during the action of Nitric acid on starch, an oily matter is set free. The best time to take acids, to prevent fatness, is before and during meals. Alkalies, such as Soda and Potassa cure adiposis in a different way, they cause the fat to be re-absorbed from the fat-cells, then combine with it to form a soap or emulsion, after which it is burnt up with oxygen, as a calorific element; the best time to take alkalies to remove corpulency, is from four to six hours after meals; if taken with, or shortly after food, they will solve or saponify all the oil and fat in the food, favor its absorption and appropriation." Liebig teaching Homœopathy; as well might we appoint a rabid wolf the shepherd of a flock.

Dr. Peters seems to have a peculiar fondness for the iatro-chemical treatment of diseases. Speaking of the iodide of potassium, he says: "The most remarkable of its effects are a rapid and very considerable increase of the urine, and what is quite remarkable is, that gradually the uric acid sediments entirely disappear, while those of the ammonia-phosphate of ammonia decidedly increase. This effect is still more apt to occur from large doses of the iodide of starch and iron. Here we would seem to have a truly homœopathic remedy to the *Phosphatic Lithiasis*." Liebig again! This looks like science, but such teachings constitute a most woeful perversion of science. How does the iodide of potassium remove the uric acid crystals? By virtue of its dynamic action? But Lehmann tells us that most of the soluble alkaline salts, such as the nitrate of potash, the iodide of potassium, the alkaline carbonates, etc., are found unchanged in the urine. Hence, so far as therapeutic purposes are concerned, we might as well mix these substances with the urinary excretions in the bed-chamber instead of introducing them into the living organism.

The doctrines which I here repudiate, are not the result of a passing indiscretion; they are the offspring of false principles and of a misapprehension of the very spirit of Hahnemann's own teaching. And what is worse, they are engrafted upon the Code of Homœopathy as genuine doctrines; they are recorded in, and therefore must be supposed to have the sanction of, a professedly homœopathic journal distinguished for the ability, sound learning and devotion of its editors and contributors. Gentlemen, in defending truth, we must not mince matters; we must speak out plainly and manfully. Honesty and rigorous analysis are our sacred right and duty.

Let me show you to what lamentable and dangerous mistakes the hyper-materialism of Dr. Peters and his followers, if he have any, leads in practice. Speaking of Aethusa Cynapium, and Noack's recommendation of this drug for abdominal typhus, the doctor goes on to say: "But the most essential part in typhoid fever is the peculiar change in the blood, this consists in a diminution of the fibrin and an increase of the carbonated salts, especially of carbonate of soda. Numerous experiments have shown that in animals which have for a long time been submitted to the excessive use of alkalies, the blood becomes destitute of fibrin and rich in the carbonated

alkalies; hence the alkalies are homœopathic to typhoid fever, and the acids, antipathic."

Now I ask, in the name of common sense, what have these phenomena to do with the homœopathicity of the carbonate of soda to typhus? Is not this change in the constitution of the blood effected by an endosmotic process of absorption? Is there the remotest analogy between the cerebral symptoms accompanying this change of the blood, and the pathognomonic symptoms of typhus? How will you determine the homœopathicity of the alkali to typhus in a given case? Will you first draw a pint of blood from the patient and then make a chemical analysis of it, in order to ascertain the relative amount of fibrin and the presence of the carbonate of soda? How absurd, and what an uncertain basis for the selection of a drug! Lehmann tells us that "it appears, from the most recent analysis of Becquerel and Rodier, that the amount of fibrin may vary considerably in the same group of diseases, in one case rising above, and in another falling below, the mean number." Is it possible that Homœopathy has to seek refuge in such miserable fallacies? Sulphuric acid is recommended for black vomit, because, in a case of poisoning with sulphuric acid, the acid corrodes and blackens the mucous coat of the stomach; these shreds of chemically blackened mucus are considered as homœopathic to black vomit, and a clever practitioner like Dr. Holcombe, permits himself, on the recommendation of Dr. Peters, to use sulphuric acid in this stage of yellow fever.

Gentlemen, if I seem to you severe in my condemnation of these mischievous teachings and practices, it is because I am pained in my very soul, to see the divine truth of our doctrine sacrificed to vulgar and deceptive materialism. Alkalies are homœopathic, acids are antipathic to typhus. What is the inexperienced student of Homœopathy to understand by this disgusting twaddle? Is he to understand that alkalies will cure typhus and that acids will not? or that either may be used indiscriminately? If so, by what law is he to determine the curative fitness of these respective agents in determinate cases? What is left for him to fall back upon, but a baseless and most treacherous empiricism, unbecoming a rational mind, and utterly at variance with the divine prerogative of man to investigate the first principles of science, and to realize in his own humble sphere the order and living harmony, which constitute the matchless and imperishable beauty of God's nature.

We are standing on the threshold of the future. The

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of Homœopathy has dawned upon us. A spirit of inquiry is abroad that will sweep out of existence both the hyper-symptomism of the past and the hyper-materialism of the present; a spirit of inquiry that will develope Homœopathy into an art based upon the clearly comprehended and universally admitted facts of science. The medical age is traveling towards Homœopathy, though with their

seeing eyes they see not, and with their hearing ears they hear not. The spirit of God is hovering over the dark waters of Medical Chaos, creating order and harmony out of the confused elements which the struggling genius of physicians has scattered about on the vast plain of Therapeutics. Homœopathy is fast reforming the old abuses and modifying the theories of the past. In the most classical work on Therapeutics in France, the sixth edition of which was published a few months ago, I mean the elaborate treatise of Trousseau and Pidoux, the doctrines of the Organon are subjected to a most rigid, but very fair criticism. In an introductory chapter of some hundred pages, thirty are devoted to Hahnemann.

Even our globules have been adopted by allœopathic practitioners. In the late Convention of Apothecaries held in the city of Washington, Mr. Delluc, of New York, presented a report on what he terms saccharides and sugar-granules, which he recommends strongly as more suitable and agreeable vehicles for the administration of drugs. The report was referred to a committee, and the saccharides will no doubt be incorporated in the body of allœopathic pharmaceutics.

"The wind bloweth whither it listeth, and thou hearest the sound thereof; but canst not tell whence it cometh, nor whither it goeth." Yes, the old wreck of Medicine is drifting towards Homœopathy. The people are tired of being physicked to death, and physicians are compelled to treat human nature with respect. Satire is repudiated by the most distinguished opponents of Homœopathy as an unworthy weapon. "We do not belong to the party of those," write Trousseau and Pidoux, "who fancy they have done with Hahnemann, after invoking Arago's authority to prove that the decillionth part of a grain is proportioned to a whole grain, as an atom which is invisible to the naked eye, is to the bulk of the sun. Assuredly, the quantity of the pestilential or small-pox miasm, which is required to destroy a man, is exceedingly small, and we are not aware whether Arago has ever endeavored to find out the relative weight or volume of this fractional miasm." They even admit that, if it "be true, as Hahnemann asserts, that disease is an alteration of the immaterial vital principle in us, and that the medicine which acts upon this immaterial vital principle, must do so by properties of the same order: the quantity of the dose may easily become infinitesimally small."

Why then, it may be asked, are these gentlemen opposed to Homœopathy? Why do they reject or find fault with almost every existing medical doctrine, and yet continue the abuses of the old methods of treatment? Evidently for various reasons, the principal of which is, that they labor under an honest misapprehension of the teachings of Hahnemann, arising in a measure from their incompleteness and from Hahnemann's unqualified opposition to the medical theories and practices of the past. They designate their method as the *substitutive method*, by which they understand the process of effecting a cure, by substituting one disease for another. Theirs is not so much a new method, as a new mode of explaining the phenomena of counter-irritation. A cure of ophthalmia, by means of the application of a solution of the nitrate of silver to the inflamed

eye, is the result of a substitution of an artificial inflammation for the natural disease.

This seems, in reality, Hahnemann's explanation of the operation of homœopathic agents. The artificial disease substitutes itself for the natural malady, by virtue of its superior, more specific intensity. But strange to say, this very simple explanation has been woefully misunderstood by Hahnemann's opponents, as well as by some of his leading disciples.

Every disease embodies a trinity of facts: 1. The cause which constitutes the essential principle of the disease; 2. The pathological lesion or derangement, and 3d, the symptomatic indications. Can you conceive of a single act which is not the result of a three-fold order of principles? Does not every act imply a moving cause, a thing moved, and a method or mode of motion? So does every disease imply the existence of a morbific principle or force, a corresponding derangement of the physiological functions, and a series of phenomena by which this derangement manifests itself to the sentient understanding.

What now does Hahnemann, who never mistook a pathological lesion for the essential morbific force, mean when he says that the homœopathic remedial agent effects a cure by virtue of its superior intensity? Why, he simply means, that the relation existing between the remedial agent and the essential morbific force, is of a more specific nature, and therefore more intense, than the relation existing between the morbific force and the physiological organism, and that this force will therefore be induced, by a natural process of affinity, to relinquish the organism and unite itself with the remedial agent, which possesses the power to *externalize*, if I may use this expression, the internal disease, by amalgamating it as it were with its own molecules, and thus reducing it to such a condition of inferiority to the vital reaction as must result in the restoration of health. If Hahnemann had not meant this, he would have taught an absurdity, and Hahnemann was not the man to teach foolish things.

Professor Trousseau and the symptomists have done Hahnemann equal injustice in opposite directions; Trousseau by accusing Hahnemann of contenting himself with combating the essential, immaterial, dynamic, morbific cause, and the symptomists by attributing to him the absurd doctrine, that symptoms may be treated as abstract and independent entities as it were, without referring them to a pathological lesion as their fountain-head. Hahnemann knew full well that in every disease the physiological functions of the organism are deranged in a peculiar, specific manner; but when he speaks of the substitutive action of homœopathic remedial agents, he does not understand it in the same sense as the physiological school, of which Trousseau is one of the leading oracles, understands this doctrine. He certainly does not mean that in order to cure a natural inflammation, we must absorb it by exciting a more intense artificial inflammation, but he does teach that the character of the pathological lesion determines the meaning of the symptoms, and the choice of a remedial agent, and that a remedial agent, thus selected in accordance with the symptoms, and with specific reference to the patho-

logical disorder, will act directly upon the morbific force by virtue of an inmost and therefore superior affinity, without creating a perceptible artificial disturbance of the physiological organism.

Gentlemen, I look upon a proper comprehension of the homœopathic law as the highest effort of reason. It can hardly be expected that an allœopathic physician, whose mind is wedded to the fallacies of materialism, should be able to analyze the meaning of *similia similibus* with that nicety of perception without which any heavenly truth remains either inaccessible to the human mind, or hidden in the fog of scepticism and misapprehension. Trousseau who is a distinguished Professor in the Medical School of Paris, a good and honest man, of gifted intellect and not afraid of progressive ideas, does not comprehend Hahnemann. Hence his arguments against Homœopathy leave the latter invulnerable and may be turned against his own position with terrible effect.

"Because an artificial morbid action seems to cure in many cases a natural morbid action by substituting itself in the place of the latter, after which the former rapidly disappears of itself, we must not conclude that this curative effect is due to the similarity of the artificial to the natural disease. Substitution does not mean homœopathicity. The curative application of a topical irritant to a specifically inflamed part cannot be accounted for on the ground of *similia similibus*. In a phlegmasia of a bad character, topical irritants act most probably by causing the healthy or physiological element to prevail over the morbid element, or by extinguishing, so to say, the latter. This may be inferred from the injurious action which topical irritants exercise on healthy inflammation. A healthy or physiological inflammation, and an inflammation of a morbid, gangrenous, diphtheritic, syphilitic, scrofulous character, are in no wise similar. Pathologically considered, they are rather opposed to each other, since the one tends to a curative restoration, and the other to a decomposition and destruction of the parts. Hence by endeavoring to impress a restorative character upon an inflammatory process of a specifically morbid, disorganizing tendency, we do not act *homœopathically*, but *heteropathically*. If it were possible for the medicine to induce an artificial morbid action as nearly as possible similar to the natural morbid action, this one would be increased instead of being weakened. But an internal resemblance has been taken for granted on the ground of a few gross external analogies, and whereas the principle of *contraria* was more evidently demonstrated than ever, the principle of *similia* has been proclaimed."

This paragraph, which seems to embody a very specious and successful refutation of the homœopathic law, shows how little even such men as Trousseau and Pidoux apprehend the true import of *similia similibus*. They will have it that a medicine, in order to act homœopathically to a disease, must actually set up a disturbance of the physiological functions similar in form and degree to the natural disease. This, they say, is the doctrine of the Organon, and it may indeed seem so to the superficial reader. But in spite of Trousseau's argument to the contrary, Mercury does cure syphilis homœopathically. Mercury is homœopathic *to the syphilitic element*, and it is

this element that Mercury neutralizes or extinguishes, if you please, thus converting the malignant sore into a healthy inflammation. And if the application of white precipitate or the nitrate of silver to a simple, or, as Trousseau terms it, physiological inflammation results in an increase of irritation of the inflamed part, it is because the action of the topical irritant is not homœopathic to the physiological action or element. No, my dear professor, homœopathic physicians are not the fools you take them to be; Homœopathy does not rest upon a mere gross resemblance of external symptoms, but upon a similarity of the internal morbid processes. It is the drug-action in its essential principles that is homœopathic to the essential morbid action, and, by virtue of this homœopathic affinity, hushes up, extinguishes or, as you very energetically express it, *devours* this latter element.

The whole of Trousseau's brilliant argumentation against Homœopathy rests upon this fatal misapprehension of the fundamental idea of homœopathicity. Trousseau will have it that homœopathicity means the actual production of a pathological disorder similar to, and more violent than the natural disease, whereas the true intent and meaning of Homœopathy is the superior affinity of the drug-principle to the essential principle of the disease or to the morbific force or *element*, as Trousseau terms it, which *generates* the specific, characteristic derangement of the physiological functions. We thank the learned Professor for having afforded us an opportunity of enlightening him on the subject of Homœopathy; he is, so far as I know, the first writer of eminence who has undertaken the task of refuting the doctrines of Hahnemann by philosophical reasoning. Would that all our opponents might imitate his example! If we cannot beat them in vulgar abuse, we certainly can beat them in argument.

Friends, we must not expect to conquer the world by a mere stroke of the pen. Nor will the numerical method be found a reliable means of securing the universal triumph of our cause. It is undoubtedly true that, under a properly conducted homœopathic treatment, all other circumstances being equal, more patients will be cured than under any other form of treatment. Nevertheless, the numerical method is the lowest order of argument that can be resorted to in favor of Homœopathy. Numbers are not facts of the reason, but have to be credited upon the authority of individual observers. And then it is very doubtful whether the pneumonia or typhus of one region, and similar maladies of another region, are equally intense in character, and equally amenable to treatment. Moreover, observers may not be equally particular in ranging diseases under their proper categories, although I am confident that, in this respect, unfairness cannot be charged upon homœopathic practitioners, who very often succeed in cutting short an acute disease, like Asiatic cholera, in its preliminary stage, which, under allœopathic treatment, will run its course onward towards a fatal termination.

If *similia similibus* is a natural law, it must be capable of demonstration. We cannot expect to convince our allœopathic brethren

of the truth thereof, until we shall succeed in establishing this law as one of the immutable principles of nature, the perception of which constitutes an essential element, and therefore an inevitable result, in the progress of our mental growth. Yes, if *similia similibus* be an universal law, and if it be true, that Infinite Wisdom operates in things infinitely great as well as in things infinitely small, according to an unchanging system of harmony, then every globule which a homœopathic physician prescribes, should personate God's Providence to the suffering organism, and should minister relief just so far as relief is possible under the supreme laws of life.

The usefulness of the homœopathic law is admitted even by those who denounce the doctrines of Hahnemann as a tissue of absurdities. Professor Simpson concedes, that "it would be a valuable general law, if it could be proved to be such." Even Hooker, in his diatribe against Homœopathy and Hahnemann, believes in the possibility that "future observation may establish the homœopathic law as one among the many laws of cure, which are employed in the removal of disease;" he simply asserts "that homœopathic observation has not done it."

Is there such a law? Is an universal law of cure one of the principles of universal order? To say that it is not, is to doubt the wisdom and goodness of Providence. It matters not how disease came into the world. The biblical tradition of the original sin, whether it be understood in a literal or figurative sense, accounts for the introduction of disease in a manner sufficient for all practical purposes. We are told that the Creator was satisfied with his work. The design and working of the great machinery of creation were perfect. If there was no disease, the probability is that there were no drugs. If there were drugs, the Creator must have foreseen the eventual supervention of diseases; and if there were no drugs, he must have so fashioned the forces of nature that, with the introduction of diseases, drugs must have been produced. If drugs were intended as the natural neutralizers of diseases, I do not see how, with the belief in a Providence, whether the Providence of God, or the Providence of Nature, whose supervising and all-governing care extends to the minutest details of the Great Whole, the idea of a specific adaptation of drugs to diseases can be avoided. And if drugs are specifically curative under His infinite Providence, it can be shown that they cure homœopathically.

It matters not how we understand man's original transgression of the laws of Divine Order. The fact that such a transgression took place, is established by the evidence of the actual as well as by the traditions of the past. The moral transgression tainted the physical creation, and the forces of disease were the inevitable result. But God could not permit these morbific forces to pervade creation like wild and lawless furies seeking whom they might destroy. He subjected them to the laws of order, by compelling them to fix themselves as it were in definite, concrete forms. Thus it is, that medicinal agents embody or materialize, so to say, morbific forces, themselves resulting from man's original transgression, and perpetuating themselves, with the hereditary consequences of this transgression

in man, from age to age and generation to generation. In what do these hereditary consequences consist in a pathological and therapeutical aspect? Why, they consist in the fact that man's organism is actually tainted with morbid tendencies, corresponding with those forces of disease which a wise and merciful Creator compels to embody or substantialize themselves in our drugs for the use of suffering man. The Aconite-force is therefore within us, the Belladonna-force is within us, not actively, but in a state of potency, watching for an opportunity to break forth like a fury bent upon destroying the organism. Under the influence of some accidental cause, the slumbering Aconite-force becomes a rebellious disease, and then it is that the healing artist steps in with the Aconite-plant in order to imitate God's own process of salvation. He brings the Aconite-principle as materialized in the plant, in contact with the Aconite-disease, and obliges the latter, by virtue of its superior affinity to the former, to unite itself with the drug-molecules, and from an internal disease, to become converted into an external principle of limited and harmless dimensions. This it is what Hahnemann meant, when he seeks to explain a homœopathic cure upon the ground that a drug acts more powerfully than the disease; Hahnemann could never have been guilty of the silly nonsense, which his opponents impute to him.

To Homœopathy is reserved the glorious mission of restoring order in the domain of Medicine. Order in Medicine implies a threefold hierarchy of facts:

1st. *Forces of disease* which are essences, essential principles or morbific causes, effecting corresponding derangements of the physiological functions and thereby producing,

2d. *Pathological lesions* which manifest themselves to the sentient understanding,

3d. By *abnormal sensations* and alterations of tissue.

This is the hierarchy of facts without which Medicine is a choas and a nonsense, and which implies a threefold order of studies:

Pathogenesy, or the science of morbific causes;

Pathology, or the doctrine of abnormal changes in the physiological functions and the organic tissues; and lastly,

Semeiology, or the doctrine of symptomatic indications.

Who can foretell whether it will ever be given unto us to know the essences that perpetuate woe and pain among us? We may never be able to solve this mystery, but it will be reserved for Homœopathy to show that these essences do not float through ethereal space in anarchical confusion; Homœopathy will show that they are definite in number, subject to law and order, and admitting of a classification not depending upon the fitful caprice of fancy, but resting upon the incontrovertible and immutable dictates of Nature. Mere symptom-hunting will not accomplish this result, but a careful and unceasing comparison of drug-symptoms with pathological phenomena will be a preliminary step towards the grand Nosology of Nature.

And then, let us not despair of the chemist and the natural philosopher. Consider what has been done in the laboratory! How

the principles of matter have been hunted up in their hiding-places! May we never know the forces that float upon the sun-beam into the atmospheres of Nature, vitalizing the germinal principles in the crust of our planet, and developing them into visible forms in harmonic relations with the constituent principles of man's own nature? The ancient philosophy which regarded man as a miniature-universe, is the very corner-stone of theosophic truth and a mine of practical usefulness to the Homœopathic physician. Yes, the principles which originated the drug-world, emanate from, and are perpetuated by, man's sinful nature. He tasted of the fruit of the tree of the knowledge of good and evil; he substituted the lusts of his own will in the place of God's law of love, and the fallacies of his foolish wisdom in the place of God's eternal truth. The consequence of this moral transgression was that man's physical organism became tainted with morbid tendencies or predispositions which reacting upon the spheres of life, engendered morbific forces corresponding with those morbid tendencies. Every now and then, under favorable circumstances, these morbific forces, existing as they do in the bosom of the vital spheres, invade the organism exciting its morbid predispositions into actual lesions.

But, under God's Supreme Providence, these forces of disease are subject to definite laws of order and means have been provided for their extinction. The forces which develop pathological lesions are the same forces that develop drugs in the crust of our planet. Drugs being the natural ultimations or material types of the forces of disease, will therefore manifest a tendency, and are indeed possessed of a power to absorb or attract these forces, to *externalize* them as it were with reference to the internal organism, and hence to hush up their disorderly workings amid the play of the physiological functions.

Thus it is that God himself sets us a supreme example of homœopathic action. With the very forces which create pathological lesions, He creates the means for their extinction. And the human artist imitates the Divine example by using for the cure of a pathological lesion such drugs as are *homœopathic* to it; in other words, drugs that harbor within their inmost bosoms the very forces which had excited the lesion, and the quality of which he determines approximatively, according to Hahnemann's brilliant teaching, by experimentation upon the healthy as the only reliable basis of comparison between the physiological series of phenomena of drug-action, and the pathological series or phenomena of disease.

Here you have a generalization of the facts which may be said to constitute the great Series of Homœopathy: man's sin tainting the vital spheres which support his physiological organism, by the production of morbific principles that would utterly pervert God's fair creation, if, under His supreme Providence, they were not held in order by eternal laws. Under God's government they do not rove through the spheres of life like the unchained furies of hell, but they are ever tending downwards in obedience to an inevitable necessity until, in material nature, they become embodied in fixed forms, subject to the use of man, each typifying some specific morbific essence

which will not fail to unite itself with this its material type, if such a union be still possible in the prostrated organism.

Would that I could make you see it as clearly as I see it: that our drug-world is a fixed and permanent revelation, in material forms, of the diseases that afflict humanity! To me, Homœopathy is not a mere system of technicalities; it is a Christian science, a divine handmaid to the Christian atonement. Sin begetting disease which the laws of order compel to fix itself in definite material forms that become the agents for its own extinction. Is not this the Christian salvation enacted in the domain of therapeutics? God permitting sin to exist, and coming into the world to wipe out its terrible consequences!

It has been said that Homœopathy is a system of atheism in disguise. Who are the atheists—practitioners who flagellate the poor organism with the rod and the scorpion, or the men who gently and sweetly minister remedial agents for the purpose of removing pain? "I came not to destroy, but to save." Nor was a drug created for the purpose of inflicting pain; its mission is to be a saviour unto suffering man.

It is the Physiological school, this medical Babylon of the day, that is guilty of atheistic materialism. Berard, the Professor of Physiology in the Medical School of Paris, teaches that life is the result of organization, a doctrine that can only be accounted for and excused in so far as it implies an acknowledgment of the magnificently-beautiful harmony of adaptation existing between man's spiritual and natural organisms.

Trousseau and Pidoux account for the phenomena of disease and of medicinal action by the supposition of vital properties inherent in the constitution of matter. Living matter! A self-sustaining, self-living organism!

And if the harmony of the machine is disturbed, they bleed, blister and burn it, as though the poor organism were at fault. They do not see that it is invaded by an enemy, from whose assaults it should be freed without having additional tortures inflicted upon it. "I came not to destroy, but to give life."

Gentlemen, we may not live to see the day when Homœopathy shall be acknowledged as the great universal Christian science of medicine. But let us work for this noble end. The harvest is ripe, and God's blessing awaits every honest laborer in the vinyard of his suffering humanity.

LECTURE II.

We have met, gentlemen, to study both facts and principles. Among the facts, a correct knowledge of the therapeutic properties of our drugs occupies a deservedly high, if not the highest, rank. The principles embrace every statement or inference, every generalization, which bears upon, illustrates the meaning or facilitates the application of our law of cure.

I shall devote this hour to a development of some of the general principles of our school, including a philosophical definition of our law of cure, a clear perception of which is absolutely necessary to a successful study and an intelligent application of the therapeutic properties of our drugs, and their modus operandi in disease.

Before, however, entering upon a description of the external and internal properties of our drugs, it will be advisable to spend a few hours in explaining the various technical definitions which frequently occur in our school, and in acquainting those among you, who have not as yet had an opportunity of looking into our method of treatment, with the necessary details regarding the mode of making homœopathic preparations, the utensils and manipulations which are resorted to for that purpose, an explanation of various technical expressions, such as trituration, attenuation, potency, dilution, and so forth. It is likewise desirable that you should have a knowledge of the non-medicinal vehicles which we use in preparing our attenuations, such as sugar of milk, alcohol, globules, etc.: in one word, it behooves every homœopathic physician to possess a general knowledge of the manner in which a crude drug is changed into a remedial agent.

Many among you, being already fully acquained with these details, may feel disposed to deem their recital superfluous. To all second course students, young practitioners, or young gentlemen who have had the advantage of studying with older practitioners, these preliminary details must undoubtedly seem tedious; but let us not forget that there are those among us who come here for the first time, and who have not yet had an opportunity of seeing or hearing much in the way of homœopathic technicalities. For their sakes I shall be obliged to tire some of you with a few repetitions.

It is your interest, gentlemen, that I should not take anything for granted. You may perhaps recollect one of Molière's immortal comedies, where a gentleman who had risen to fortune and to a position in society, engaged a professor of philosophy to give him a private course of lectures on metaphysics. The professor said to him, "I suppose you understand Latin, sir?" To which the gentleman replied, "Oh, yes, sir, but you had better talk to me as if I knew nothing about it." This student chose the true mode of learning.

Keep it constantly before your mind's eye that a professor of medicine is not an infallible mortal, were that mortal even Hahnemann. I trust that I shall never permit myself to lay before you facts which only exist in my own imagination and are not substantiated by experience. Nevertheless, I shall at times offer inferences and suggestions; I shall lead your minds into the higher regions of thought, and endeavor to explain the law under which the facts of homœopathic therapeutics are grouped in harmonious relations. At such times I trust that you will ever find my mind as free from partizan dogmatism as I desire your minds to be. "Prove all things and hold fast that which is good!" Let this be your maxim in all your studies. Genuine faith is the acknowledgment of a truth that shines as such in the interiors of the mind. This should be the faith

of a student of Homœopathy. If a statement does not seem clear and convincing, examine, interrogate, discuss; you will always find me and my colleagues willing to mete out to you the full measure of justice.

My duty to you, gentlemen, does not consist in making a display of learning; it is of a far more elevated and useful nature. You have come here to obtain a knowledge of Medicine generally, and more particularly of the manner in which diseases are treated in accordance with the homœopathic law. Our system of Therapeutics is exceedingly democratic. If you look into Hahnemann's Materia Medica Pura, you will there find scarcely a single word of Latin or Greek. The action of every drug is described in the simple language of the people. These drugs were proved by Hahnemann's disciples and their friends. By proving, we mean that persons in health swallow a portion of the drug, in order to ascertain how it will affect them. The effects of the drugs were collected and recorded in the words of the prover; hence, in the original language, you will find many expressions among these provings which are not at all received as classical, and might mislead one who is not thoroughly acquainted with the idiomatic singularities of the German people. Among the provings of Chamomile, for example, we frequently meet with this expression: "sensation as if the heart should be squeezed off." By heart, the common people in Germany mean the pit of the stomach; and by this symptom the prover simply meant to convey the idea that he experienced a very hard and painful pressure in the præcordial region, such as is generally accompanied by anxiety and shortness of breath. That this is the meaning of the distress thus announced as a pressure as though the heart should be squeezed off, results from the accompanying expressions immediately preceding or succeeding this symptom.

Physicians have long since found out that diseases may be named, but cannot be treated, much less cured, with Latin or Greek. In order to treat diseases successfully, you have to be correct diagnosticians, in other words you have to know what the matter is; but next to this knowledge, it is likewise of the utmost importance that you should have an accurate knowledge of the true action of drugs upon the organism in health, not only of their toxicological effects as we find them recorded in old-school works on toxicology; but of the more delicate shades of action which may be observed throughout all the ramifications of the sentient nervous system. You will find the action of our drugs delineated with remarkable accuracy and completeness in Hahnemann's Materia Medica. But their study would require more toil and time than you can afford, in the beginning of your professional career, to bestow upon a careful and thoughtful perusal of this laborious work; moreover, the multitude and apparent sameness of the symptoms might puzzle you. It is my duty to present this subject to you in a more digested and practical form.

I would not have you understand that one or two courses of lectures will enable you to dispense with all further study on your part. All I can do, in the short period which is allotted to our

lectures, is to give you such a knowledge of the curative properties of our drugs as shall enable you to step to the bedside of your patients, with the confidence of men who need not be afraid of the enemy they have to encounter. Nevertheless, a case may turn up, even at the commencement of your professional career, where, instead of prescribing for your patient upon the spot, you may deem it expedient to first consult your records. If you improve your opportunities for study, as all young gentlemen who mean to devote their lives to the service of suffering humanity ought, such a difficulty will never occur in an acute case, requiring the immediate interference of the physician; but in a chronic case, in a functional or organic disorder of long standing, you may have to fall back upon a Manual or Repertory, before making a prescription.

A perusal of our Materia Medica will confirm to you my statement that in style and manner it is as simple as it is rich and vast in its therapeutic aspect. It shall be my endeavor, and it will be my pleasure to show to you the perfect applicability of this Materia Medica to the successful treatment of all curable diseases. You will find that the characteristics, or, as we term them, the pathognomonic symptoms of all known diseases are contained among the results of our provings with sufficient accuracy and fulness to admit of the application of our great law "*similia similibus curantur*," to all curable cases of disease.

Gentlemen, let us pause here for a few moments, and look at the practical character of the homœopathic system of treatment. You are aware that our literature abounds in popular works on Practice. There is hardly a family of ordinary intelligence and education, where the mother, an elder sister, or some other member of the flock, is not more or less acquainted with the use of some of our drugs in all ordinary cases. Hahnemann was the most democratic practitioner of Medicine that ever shook the old oligarchy of medical dogmatism to its foundations. The popular literature of our school is the logical and inevitable consequence of his mode of criticising the old abuses and of treating the new truths. Some of our popular treatises on Homœopathy, most of which are published under the title of "Domestic Physicians," have reached as many as six and even more editions. Hering's Domestic has gone through eleven editions in Germany.

In the 25th number of the North-American Homœopathic Journal, the mention of this work is accompanied by the following remarks signed by T. F. Pomeroy: "In the last number of the journal, I perceive that Dr. Peters handles quack and secret medicines without gloves, as they justly deserve. I could not but wish, while reading his article, that he or some other one competent to do justice to the subject, would take up the matter of the domestic practice of Homœopathy, as taught in the thousand and one treatises called 'Domestic Physicians,' and the practice necessarily growing out of the publication of such works, of furnishing families with 'domestic cases of medicines.' My own observation has satisfied me that this system, *on the whole*, has been productive of vastly more injury than good, both to the public and to the profession, and it is

high time that it should be discountenanced and discontinued. In my opinion, the use of pellets or globules, and the attempt to popularize and *domesticate* Homœopathy, have done more to degrade and injure our system, than any or all other influences combined. The introduction of the homœopathic system and its zealous propagation, would naturally and necessarily excite both prejudice and opposition, because the interests of others were jeopardized thereby; but the shafts of ridicule and contempt that have incessantly assailed its onward progress, have been invited by the folly that has begotten a progeny of medical literature, noted particularly for its crudity and rapid increase.

"I hope that the time is not far distant, when more attention shall be paid to the publication of books for the profession, and the talents and time of our brethren no longer wasted upon 'Domestic Practices' which seem chiefly to level us and our system to the position of quacks and quackery. So soon as its adherents and exponents shall learn to treat it with the respect to which it is entitled, our system of medicine will command even from its opponents both recognition and respect, although it may not secure their adhesion to its precepts or principles."

The physician who penned this paragraph is just one century behind this age of democratic progress. Let your motto be the beautiful verse of the old poet Terentius: "*Nullius humani a me alienum puto.*" I feel interested in everything that concerns man! With this feeling in your hearts, you will always desire to render the beauties of art and the majestic movements of science accessible to the masses of our people. "Let your light shine on the housetops, do not hide it under the bushel!" This great precept is emphatically applicable to the teaching and practice of medicine. The man who would keep the light of medical truth shut out from the popular mind, ignores the spirit of our institutions, and is utterly regardless of the portentous signs of the times. The gloomy shadows of the old dogmatism are fast flitting out of sight before the rising sun of truth. Shall we again bow to the mystic conclaves of bewigged and bepowdered pedants, or shall it be our endeavor to cause the star of Homœopathy to shine into the palaces of the great and the cottages of the poor and the lowly?

Dr. Adam Smith has called universities the "dull repositories of exploded opinions." Let our university be a beacon-light of truth to every honest inquirer. I regard the propagation of our doctrines among the people as one of the first duties of a homœopathic physician, young or old. Use all honorable means to accomplish this purpose. Be always ready to relieve the sick, and do it successfully if possible. Enlist the editors of journals in your favor. Get them to publish, every now and then, an editorial paragraph making favorable mention of Homœopathy. Publish popular tracts, and every few weeks scatter them broadcast throughout the length and breadth of the community where you happen to practice. As often as your time and means will allow, give a lecture to the people; if possible, publish some popular periodical on Homœopathy, and get your friends to share the expense by liberal contributions. Never

mind the croaking of your opponents about quackery; this is nothing but the silly twaddle of impotent fools, who resort to abuse in the place of argument. All the great and liberal minds among medical practitioners have constantly endeavored to popularize the practice of their art. Listen to the words of one of the noblest and most gifted among them, I mean Benjamin Rush. In his lecture on "the causes which have retarded the progress of medicine," he gives this soul-stirring advice to the young gentlemen who enjoyed the privilege of listening to this great teacher:

"Let us strip our profession of everything that looks like mystery and imposture, and clothe medical knowledge in a dress so simple and intelligible, that it may become a part of academical education in all our seminaries of learning. Truth is simple upon all subjects, but upon those which are essential to the general happiness of mankind, it is obvious to the meanest capacities. There is no man so simple, that cannot be taught to cultivate grain, and no woman so devoid of understanding as to be incapable of learning the art of making that grain into bread. And shall the means of preserving our health, by the culture and preparation of aliment, be so intelligible, and yet the means of restoring it, when lost, be so abstruse as to require years of study to discover and apply them? To suppose this, is to call in question the goodness of the Supreme Being, and to believe that he acts without unity and system in all His works. In no one of the acts of man do we behold more weakness and error than in our present modes of education. We teach our sons words at the expense of things. We teach them what was done two thousand years ago, and conceal from them what is doing every day. We instruct them in the heathen mythology, but neglect to teach them the principles of the religion of their country. We teach them to predict eclipses and the return of comets, from which no physical advantages worth naming have ever been derived; but we give them no instruction in the signs which precede general and individual diseases. How long shall the human mind bend beneath the usages of ancient and barbarous times? When shall we cease to be mere scholars, and become wise philosophers, well-informed citizens and useful men?

"The essential principles of medicine are very few. They are moreover plain. There is not a graduate in the arts, in any of our colleges, who does not learn things of more difficulty than a system of just principles in medicine.

"All the morbid effects of heat and cold, of intemperance in eating and drinking, and in the exercises of the body and mind, might be taught with as much ease as the multiplication table.

"All the knowledge which is attainable of diseases by the pulse, might be acquired at a less expense of time and labor than is spent in committing the contents of a Latin grammar to memory.

"The operation of bleeding might be taught with less trouble than is taken to teach boys to draw, upon paper or slate, the figures in Euclid.

"A knowledge of the virtues and doses of the most active and useful medicines, might be acquired with greater facility, and much

more pleasure, than the rules for composing syllogisms laid down in our system of logic.

"In support of the truth of the opinions I am now advancing, let us take a view of the effects of simplicity, which has been introduced into the art of war by one of the nations of Europe. A few obvious principles have supplied the place of volumes upon tactics; and private citizens have become greater generals, and peasants more irresistible soldiers, in a few weeks, than their predecessors in war were after the instruction and experience of fifteen or twenty years. Could changes equally simple and general be introduced by means of our schools into the practice of medicine, no arithmetic could calculate its advantages. Millions of lives would be saved by it.

"In thus recommending the general diffusion of medical knowledge, by making it a part of an academical education, let it not be supposed that I wish to see the exercise of medicine abolished as a regular profession. Casualties which render operations in surgery necessary, and such diseases as occur rarely, will always require professional aid; but the knowledge that is necessary for these purposes may be soon acquired; and two or three persons, separated from other pursuits, would be sufficient to apply it to a city consisting of forty thousand people."

These are the opinions of a great and good teacher of our profession. The healing art, as such, is a very simple thing; and this beau ideal of it, as foreshadowed by the illustrious Rush, finds its realization in the homœopathic practice.

The study of the therapeutic properties of our drugs may be reduced to the simplest formulas. There does not seem to be any immediate necessity for a knowledge of all the intricacies of physiology or pathological anatomy, in order to become a successful practitioner. A physician should undoubtedly know all that which is practically useful to him as a restorer of health; but pathological anatomy, as Rokitansky studies it, pursuing the material disorders of disease in the dead body with as much tenacity as Columbus went in search of a new continent, or Le Verrier hunts up a new star, is something comparatively distinct from, or independent of, the plain and practical wants of the sick-room.

Gentlemen, a man may be the leading pathological anatomist of the age, and yet he may be a poor physician; a man may be a great physiological chemist, and yet a most unsuccessful practitioner; a man may be a second Cruveilhier, and yet lose more patients than his unlearned colleague who only has a general knowledge of the main facts of anatomy: a man may even be a most learned pathologist, and yet make exceedingly inadequate prescriptions. Why is all this? Why may a practitioner treat diseases, and treat them successfully, without wading through the almost bottomless pathological learning of the Vienna School? It is undoubtedly true that therapeutics should not be, and indeed cannot be, separated from physiology and pathology, but, in the present state of these sciences, they can only inform us in a very general way, how far, and in what specific manner, the healthy functions of the organism have been invaded by disease. It has taken years of hard labor and bitter

disappointments to reach this point; but now when it has been reached; now, when the organic functions, the nature of the secretions, the mission of the nervous system and the mutual relations of organs are tolerably well known, we find that the pathology of disease is not only cleared up, but simplified by the flood of light which the patient toil of our cotemporaries has shed upon it. Any intelligent person may be taught whether a headache is of a congestive, bilious or nervous character; any person may learn to diagnose pleurisy, pneumonia, typhus or any other disease of common occurrence, and may be made acquainted with the course and natural terminations of these disorders. Why should a knowledge of the therapeutic properties of our drugs, and of what constitutes their homœopathicity to certain diseases, be more difficult?

It is not a knowledge of the ten thousand minutiæ of disease, that secures success in practice; but the possession of that intuitive power of vision, that inborn faculty to appreciate the meaning and relation of phenomena, as indicating the degree or character of an existing disturbance of the vital forces; added to this must be a corresponding tact to determine what remedy is adapted to the case. This tact may be *sharpened*, it can never be wholly *acquired*, by experience. Common sense, backed by an appropriate amount of technical information, is a far more valuable gift to a practitioner than whole volumes of abstract science. I would not discourage you for the world from penetrating as deeply as you please into the marvellous intricacies of the medical sciences; I would simply have you understand, that, in order to diagnose and successfully treat a case of pulmonary tuberculosis, it is not necessary that you should have investigated the inmost nature of a tubercle as a physiological product. If a physician's taste and genius lead him to make such minute investigations, he may become one of the few who lead generations onward on the path of science; but in a practical course of lectures, where, in the brief space of five months, the vast field of therapeutics has to be traveled over, it is of the utmost importance to the student, that the prominent traits of every drug-disease, and consequently of every corresponding pathological disturbance should be presented, to the exclusion of a multitude of details which only serve to embarrass the memory and to tarnish the brightness of the genuine fabric.

Physiologism, by which I mean the abuse of physiology in its applications to the treatment of disease, has led to the most contradictory results. All the different ramifications of the physiological school are either guilty of the most frightful excesses or of the most lamentable omissions. The human organism is a compound of organs each of which is endowed with certain physiological properties or forces. The doctrine is that the play of the functions is determined by the structure of the organ; that the liver, for instance, secretes bile by virtue of its peculiar organization. What else can a man in his senses understand by this pompous nonsense than that the liver secretes bile, because it is the liver, and the urine trickles into the bladder, because it is the bladder and not the brain? What horrible abuses does this physiological organicism lead to in practice!

If the secretion of bile slackens, the liver must be whipped up by calomel; if the glands in the mouth secrete too much saliva, they are tied up by an astringent; abdominal torpor is removed by stirring up the intestinal mucous lining with a dose of salts or castor-oil; the heart is hushed by Digitalis, the brain by Morphine. It is the organ itself that is held accountable for its functional derangements. Theoretically the existence of diseases or morbific essences is denied; in their places we have abnormal physiological functions.

Gentlemen, it is of importance that you should have a perception of the teachings of the Physiological school; a logical comprehension of our own doctrines hinges upon it. The Physiological school does not distinguish between the organism in health and the organism in disease, between vital and morbid forces, between drugs and aliments. Muriatic acid is food for a dyspeptic stomach; Mercury for the absorbents when they require stimulation; blood-letting will relieve the brain from pressure, and will lessen the heart's labor of propelling the column of blood through the organism. "Physiological" and "therapeutic" have become convertible terms; in the crucible of subversive physiologism the normal functions of life, and the abnormal functions of disease are amalgamated without distinction under the cover of *seeming* principles which make chaos look like order, and death-harboring confusion like life-saving harmony.

The Homœopathic School DOES distinguish between the *harmonic* forces of life, and the *subversive* forces of disease; between aliments which *support* and *develop* the organism in health, and drugs which tend to *disturb* the functions and gradually to *undermine* and *destroy* the organism. What would become of the human organism, if the inmost essence of vitality, the life-force of an organ, could be altered by disease? "If the salt has lost its savor, wherewith will it be salted?" Not only would the individual man perish, but the race, the very idea of humanity would become extinct. The vital sphere, or force, of which the individuals of our race are individualized manifestations, is just as essential to the preservation of humanity in its present form, as the heat and light of the sun are essential to the preservation of the varied individualities of material nature. The vital sphere which emanates from this sun, is not sufficient for the preservation and development of organized life. There must be a vitalizing sphere back of the sun's heat, or within it, or round about it, I do not care where you locate this fountain-spring of life, —from which the sun itself derives the power to animate material nature; the moment an organized life-form is cut off from the influence of this supreme life-sphere, the sun, so far from preserving the form, destroys it. This life-sphere, which constitutes the inmost principle of every human form, can never be tainted by disease, any more than the sun's rays are altered in their essential constitution, if they engender poisonous exhalations from stagnant waters and decayed vegetable substances. These pernicious results are owing to the medium upon which the sun operates. As long as the sun shines upon pure flowing water, the limpid fluid will not be rendered turbid by his rays; but if they should fall for any length of time

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upon a stagnant pool filled with decaying animal matter, you will soon see this turbid liquid teem with myriads of living bodies hardly perceptible to the naked eye.

The vital rays act similarly to the rays of the material sun. As long as they act upon an organism existing in normal conditions of nutrition, exercise, atmospheric stimuli, and mental and passional influences: they not only preserve, but develop, strengthen and beautify the human form; but if these normal conditions are disturbed by exposure to dampness, to keen winds, to a draught of air, to excessive heat or cold, or by privations of food or drink, by excessive fatigue, by depressing or exciting mental or moral causes; the vital rays no longer acting upon an harmonious medium, cannot possibly develop harmonious results.

In the analysis of health and disease, the Physiological school does not seem to ascend beyond the circumstances which, in the eyes of the philosophical physician, simply furnish suitable opportunities for the invasion of the organism by morbific principles. To the adherents of the Physiological school, these abnormal circumstances which the philosophical physicians of all nations and ages have simply regarded as the exciting causes of disease, the *causæ occasionales* as they are termed, sufficiently account for the functional derangements of the organism. According to some they excite an undue degree of vital reaction; according to others this reaction is depressed beyond the normal standard. Broussais was haunted by the ghost of inflammation; Brown knew of but one disease, *diathesis*, a sort of general susceptibility to physiological derangements, the intensity of which he measured numerically as it were, by the degree of excitability manifested by the tissues. The treatment corresponded with these contradictory hypotheses. The School of Broussais, upon whose banner was inscribed "Irritation and Inflammation," bled, froze and purged patients to death; Brown who proclaimed "Incitability" as his beacon-light, sought to stimulate the prostrated organism by food, alcohol and opium. "By their fruits ye shall know them." Doctrines which led to such monstrous aberrations in practice, must have been radically wrong. The Physiological school ignored the very existence of diseases; pathological lesions which are simply the effect or result of those morbific essences which really and truly constitute the disturbing causes in derangements of the functions, were mistaken for, or confounded with these essential morbific forces; hence the wild and abusive stimulation in practice, hence an absurd and inhuman butchery in the place of rational treatment.

Can a thing be essentially good and bad at the same time? If the inmost vitality of the organsim can be vitiated, how is this vitiated vitality to be restored to a condition of harmony? If the core is corrupt, how is it to be repaired? For the sake of truth, let us adhere to common sense. Is it not evident that there must be some restorative energy left, which the blighting hand of disease could not touch? What is this energy but the essence of life in man, the very principle that never perishes and therefore can never be tainted by disease? This inmost vitality, this living essence is

not a reasoning or discriminating power; it feeds the tubercle and the polypus as well as the healthy muscle and nerve. It is the business of the vital force to assimilate food to the tissues and to repair their waste; but it behooves man's reason to determine, out of what materials the thread of life shall be spun. What a folly ever to accuse the vital essence in man! Diseases are adventitious principles or forces, super-induced or eliminated in the surrounding spheres by man's deviation from the laws of divine harmony. Look around you, gentlemen, at the mechanism of social life! Is it possible that the disorders which taint society, should not have led to the development of morbific forces which, although primarily resulting from man's transgressions, in their turn fan the fire of disease in man? This process is constantly taking place on a limited scale and in a more specific form. We know that puerperal peritonitis, typhus, yellow fever, may not be epidemic; but we likewise know that, if such patients are huddled together in badly ventilated hospitals, or crowded districts, deprived of proper attendance, pure air and water, clean linen and the comforts of sweet and gentle love, an epidemic principle may very speedily be eliminated which may spread the havoc of disease far and near.

This humanity is an organism, the harmony of which is depending upon laws that cannot be violated with impunity. It is idle to suppose that God's providence should not have designed rules and regulations for the government of his creatures. He governs brute nature by laws; how much more a world of rational souls! "And why take ye thought for raiment! Behold the lilies of the field, how they grow! they toil not, neither do they spin, yet I say unto you that even Solomon, in all his glory, was not arrayed like one of these." "Behold the fowls of the air; for they sow not, neither do they reap, nor gather into barns; yet your heavenly Father feedeth them. Are ye not much better than they?" "Therefore I say unto you, take no thought for your life, what ye shall eat, or what ye shall drink; nor yet for your body, what ye shall put on. Is not the life more than meat, and the body than raiment?" "Wherefore, if God so clothe the grass of the field, which to-day is, and to-morrow is cast into the oven, shall he not much more clothe you, oh ye of little faith!" "Therefore take no thought, saying,—what shall we eat? or what shall we drink? or, wherewithal shall we be clothed? For your heavenly Father knoweth that ye have need of all these things." "But seek ye first the kingdom of God and his righteousness, and all these things shall be added unto you!"

We say then that Humanity is an organism for which the Divine love and wisdom designed a code of laws. If these laws are obeyed, the evolutions of this great organism will be performed with a matchless harmony; if these laws are not obeyed, the opposite results must ensue. War, pestilence and famine desolate our globe, and the furies of hell lacerate the hearts of men. Hence we infer that the divine laws are not obeyed.

Among the atmospheric disorders, the subterranean convulsions and the electrical perturbations which visit us at more or less regular periods, the existence of diseases constitutes another characteristic

sign of man's deviation from the laws of divine order. As I stated in my Introductory, the biblical account of the original sin is all-sufficient for therapeutic purposes. Man yielded to the first temptation, and this trangression opened the flood-gate of evil. The organism became tainted with morbid predispositions or tendencies to disease, and morbific principles were gradually excited in the spheres from which man derives vitalizing support for his bodily organs. This now constitutes the course of disease; in certain abnormal conditions of the system, such as exposure, privation, mental depression, some morbific force is enabled to excite a corresponding morbid tendency into an active disturbance of the physiological functions. The morbific force acts as a cause, an active, inseminating principle; the morbid predisposition is the germinal seed that is acted upon, and is kindled into a pathological lesion which constitutes the offspring, as it were, of this subversive insemination.

This is the theological view of the origin of disease from the standing point of our school. You may take an historico-natural view of the same subject. Practically, the results are the same. Take the existence of diseases for granted, and you have the same trinitary series of facts: a morbid tendency as the basis; a morbific force as the inseminating principle, and a pathological lesion as the result of its action upon the former.

Therapeutically, both the theologico-spiritual and the philosophico-natural view of the origin of diseases, lead to the same results. Pathological lesions are acted upon by means of drugs. Theologically we are led to believe that drugs are the representatives or products of sin in material nature, the embodiments of evil principles; philosophically we arrive at a similar knowledge by the slow process of experimentation. By swallowing portions of a drug, suitably prepared and in perfectly normal conditions of the system, we develop groups of symptoms that are found to be essentially similar to the disturbances resulting from the action of morbific forces upon the morbid predispositions of the organism. From this similarity we infer that drugs are the products of the same forces which produce pathological lesions in the human organism. Now, a pathological lesion being given, what is a therapeutist to do in order to remove or neutralize it? Why, he acts upon it by means of the drug which is the product of the same cause that developed the pathological lesion. A previous knowledge of this drug must of course have been attained by experiments upon the healthy. As soon as the drug-power is made to act upon the morbific force which seeks to destroy the organic tissues, this force will turn to the drug as naturally as the needle turns to the pole. The drug-power is its twin sister, an union with which is sanctioned by the laws of God's Order. In proportion as the morbific force and the drug-force become united or amalgamated as it were, in the molecules of the drugs, the vital power of the organism begins to react and a process of cure is inaugurated, which, if adequately maintained, will inevitably lead to recovery. It is by the very terms of our law that this process of cure takes place. The similarity between the morbific force and

the drug-force is greater than that between the morbific force and the morbid predisposition of the organism. It is by virtue of this superior attractive affinity existing between the morbific force and the drug-force, that the organism is ultimately freed from disease. It would be interesting, but it is not material to know what these forces are in their inmost essence. Whether they are electric, magnetic, aromal or odic forces: a comprehension of the general idea of Homœopathy is neither obscured by the absence, nor would it be materially sharpened by the possession of this knowledge. Hahnemann looks upon the morbific essence as a *dynamic* principle which, as embodied in a drug, assumes a semi-spiritual and semi-material character. The morbific essence is certainly inferior to the vital force, for it is only exceptionally that it succeeds in destroying the living organism.

The question may be asked: if the drug-force and the morbific force are identical, how happens it that the drug-force does not kindle the same pathological lesion that characterises the action of the morbific force? This seeming anomaly can easily be accounted for.

The morbific force acts upon the morbid predisposition, and subverts the organism from first principles to ultimates. The drug-force, on the contrary, does not act upon the morbid predisposition, which it leaves passive, in a state of potency; it simply impresses the external tissues as it were, setting up a purely external disturbance of the functions, of limited duration, though sufficiently characteristic to reveal the therapeutic range of the drug. In a case of natural disease, the morbific force acts internally, directly or immediately upon the morbid predisposition; in a case of artificial or drug-disease, the morbific force acts externally, indirectly or mediately through the material molecules of the drug. Hahnemann has applied the term "disease" to both the natural and the artificial disturbances, although there is this difference between the two, that the natural disease is an internal, and the artificial disease a purely external disorder. Hence we might say that a cure consists in *externalizing* an internal disease, or, in other words, in reducing it to the limited and harmless dimensions of the homœopathic remedial agent.

Gentlemen, you may find it necessary to spend years in elaborating the principles of our science to your own minds with clearness and logical consistency. He who would enjoy a rational conception of the homœopathic doctrine, must not be afraid of elevating his mind into the very highest regions of thought. The study of first principles is eminently useful to a homœopathic practitioner. It consolidates his faith, and yields weapons wherewith he may repel the assaults of open enemies and unmask the treason of deceitful friends. The writings of some of our authors tend to bias the minds of unsuspecting students. In a review of Dr. Headland's treatise "On the Action of Medicines," Dr. Peters, for instance, uses the following language in the last May number of the North American Homœopathic Journal:

"Poor Headland, he cannot see that similarity in a hybrid, or compound; that it consists of a certain amount of *difference* as well

as of *resemblance;* that a similar thing differs as well as resembles; that a similar action exerts, not an identical, but a somewhat alterative influence; that similar or homœopathic remedies exert a changing or altering action, which differs only in degree, not in kind, from simple alterative or true allœopathic remedies, or even antagonistic or true antipathic remedies; for antagonism is merely an extreme degree of difference, while similarity is a lesser degree of difference. The two laws (contraria contrariis and similia similibus curantur) are the complements of each other; they are not diametrically opposed to each other; there is a bond of union and similarity between them. Identity and antagonism are the opposites of each other; similarity is not the opposite of antagonism, but is merely a lesser degree of difference, while antagonism is the greatest."

The essential distinction between Homœopathy and the old systems of Medicine is done away with in this paragraph. Antagonism and similarity only differ in degree. The very soul of Homœopathy is killed outright by the sophistry embodied in these few lines. Even the most superficial student of Homœopathy knows that the spirit of this science, in Hahnemann's mind, was opposed to the common method of treatment, and that the formula "similia similibus" was promulgated by the discoverer of Homœopathy as a means of determining the remedial agent which, in a given case, would operate in a manner absolutely the reverse of the established practices. A physician who overlooks this cardinal distinction, is neither prepared to accept nor to practise the homœopathic doctrine. He does not understand its purport, and he crowds into his practice any thing and every thing that the most unprincipled eclecticism may flaunt upon its banner. This may be perfectly legitimate practice from an empirical point of view, but it is not homœopathy, and I protest most solemnly against such teachings being put forth under her sacred ægis.

It is a sad thing to see homœopathic physicians treating diseases as though the great law which, if properly understood and carried out, might save the world from physical and mental misery, recklessly disregarded by those who profess to believe in it. The truth is they do not believe in it, or else, which amounts to the same thing, they suffer themselves by the glistening infatuations of strange gods—an appearance of allœopathic learning—to be beguiled into the pernicious fallacies of our opponents. It may be flattering to one's vanity, to make an exhibition of false learning in the midst of an old-fashioned crowd; but how does this learning benefit the sacred cause of Truth? Is our watchword to be "*onward*," or shall we go back to the flesh-pots of Egypt? Shall we engraft our new Truth upon the old Fable, and dig an abyss of medical error, deeper and darker than before? Gentlemen, if we forsake principle; if we turn to empiricism and eclecticism as our "pillar of the cloud by day and our pillar of fire by night," the time will be when we shall be the meanest and most despised among the tribe of medical Israel.

Beware, gentlemen, of the deceitful glories of the Physiological school. Beware of its quicksands! Young physicians especially

take a pride in confessing themselves the partisans of this school. With microscope and crucible in hand, they expect to be led by physiology to the laboratory where the vital forces spin the thread of life, and to lend a helping hand, as they understand it, in case the functions should not be carried on to suit the judgment of the observing creature. If the stomach does not secrete as much gastric juice as it ought to do, they pour a little Muriatic acid into it to help it along, on the principle that Muriatic acid has the same dissolving properties as gastric juice when out of the stomach; and yet they might know that there must be a vast difference between gastric juice and Muriatic acid; for gastric juice is an organized product of the vital forces, and, if no longer subservient to the supervisory action of these forces, soon decays and is radically altered in all its essential properties.

I have shown you how one branch of the Physiological school is led to the most frightful excesses in treatment. There is another branch which simply watches the natural course of pathological lesions, and rejoices in doing nothing to abbreviate it. Physiological physicians either bleed, burn or blister the poor patient, or else they shrug their shoulders, and, as Hirschel in his excellent work on Homœopathy tauntingly remarks, "hide their impotence or ignorance behind an embarrassed scepticism, or a dangerous indifference which leaves the patient to his fate. Yes, the greatest lights of the allœopathic school, have given over Medicine to Nature. Alas, what shall we say of Medicine, if the learned pathologist, armed with the whole apparatus of modern science, applies his stethoscope or his compasses to the patient's chest, and points out to the astonished layman the spot where the bloody infiltration, the bronchial dilatation, the emphysematous cell may be found; if, guided by the sounds of the heart, he furnishes an exact description of the valvular disease; if he demonstrates to the patient the size of the liver, or the quantity of fatty matter it contains; if he gives the anatomical history of pneumonia, and if, in spite of this tremendous array of medical science, he is finally compelled to confess to his utter ignorance of positive and infallible means of relief; if, for instance, a distinguished auscultator, like Skoda or Bock, after delighting his class with a lucid and correct description of the physical signs of pneumonia, has to tell them, that it is immaterial whether they bleed the patient, or give him Opium, or Tartar emetic, or Nitre, or nothing at all? Or, in a case of œdema glottidis, after describing the characteristic difference between this disease and bronchitis, if the physiological physician has to prescribe gum-water, as if anxious not to dispute the palm with Nature? If Nature is sufficient to a cure, of what use is all this array of science? If the science of *healing* is useless, why not likewise throw overboard pathology?" Is it the business of the physician solely to *track* Nature with an observing eye, and to *admire* her multitudinous manifestations of life? Is it not his duty to learn from her the art of imitating her, and helping her along, without interfering in her operations? Alas, the greatest masters of our art are reduced to

the miserable shift of the expectant school, which consists in looking on and doing nothing.

The so-called Expectant Method, as this system of treatment is termed, may be more agreeable to the patient than the old-fashioned bleeding, blistering, and salivating methods, but it is not always very successful. According to Dietl, for instance, who is physician-in chief to one of the Vienna Hospitals, fourteen out of one hundred and eighty-nine patients who were treated expectantly for pneumonia, died; this is one in about thirteen; whereas under homœopathic treatment, only one in twenty-eight died in Fleischmann's Hospital, and out of seventy-two patients not one died in the Petersburg Hospital. The difference is considerable, although the partisans of the expectant method claim the results of homœopathic treatment as showing the superiority of their own method. Not believing in the efficacy of small doses, they feel justified in claiming the brilliant results of our treatment for themselves.

Gentlemen, you have a vast field before you. The development of therapeutic medicine as a Science and an Art is the great problem of the future. It is your privilege to engage in its solution. May God speed the day when your efforts shall be crowned with success!

LECTURE III.

As I am standing here before you, the spirit of Hahnemann overshadows the flitting hour. He is gone, and what is left us of him, is the echo of his fame, and the written record of his earlier labors.

As soon as Hahnemann had published a systematic exposition of his doctrines in the Organon, he set about creating a new Materia Medica in harmony with them. Already in the year 1805, Hahnemann had published a number of provings under the title: *Fragmenta de viribus medicaminum positivis*, or fragments concerning the positive powers of drugs. This work contains a number of the characteristic symptoms of several of our more important drugs, obtained with massive doses of the strongest known preparation. The Aconite-symptoms were obtained from the watery extract inspissated by exposure to the sun. These drug-effects were afterwards incorporated in the Materia Medica Pura, the first edition of which appeared in the year 1811, one year after the publication of the Organon. This work was originally published in four volumes, and contains the provings of sixty-six drugs, most of which constitute to this day the staple of our therapeutic agents. All these provings bear the impress of reliability. They are the results of careful labor. A number of enthusiastic and conscientious observers concurred in developing these drug-effects in their own persons by means of large doses of the strongest preparations then in use.

In 1828, Hahnemann published his remarkable theory of the

chronic miasms. In the course of my lectures this theory will be explained and accounted for. I here allude to it simply for the purpose of introducing to your acquaintance a vast addition to the Materia Medica.

Among the chronic miasms, of which Hahnemann admits three, viz.: *Psora*, *Syphilis* and *Sycosis*, the psoric miasm is the most widespread and inveterate; most of the chronic diseases which now afflict humanity, arise from the insidious operations of psora. In the exposition which Hahnemann furnishes of his theory, he states the reasons which impelled his mind to seek for more thorough and reliable means of combating the disorders to which the human family is subject from infancy to old age. The drugs which had been proved so far, and which were used by the homœopathic physicians in the treatment of diseases, were found insufficient by Hahnemann and his disciples to effectually remove the numerous chronic ailments that have desolated this fair world of ours for thousands of years. Hahnemann set his genius to work, and searched for, and discovered a series of agents which he thought had been designed by the Creator for the great purpose of healing the chronic diseases that had so far baffled all the resources of art. Inasmuch as most of these diseases were supposed to originate in the psoric miasm, most of these newly discovered remedies were therefore directed against it, and designated by Hahnemann as *anti-psorics*. We do not propose, at this stage of our course, to inquire into the validity of Hahnemann's theories; we simply wish to advert to the fact that the large number of drugs, the provings of which are recorded in the five volumes known under the title of the "Chronic Diseases, and their Homœopathic Treatment," were supposed by Hahnemann to be possessed of specific powers to heal, and gradually to exterminate all chronic maladies. Several drugs which had already been proved at former periods, and the provings of which had been incorporated in the four volumes of the Materia Medica Pura, such as *Sulphur*, *Phosphoric acid*, and others, were reproved in different ways; new symptoms were obtained, and the whole of them, old as well as new provings, were transferred to the "*Chronic Diseases*" as an integral portion of the great anti-psoric Materia Medica. The volumes entitled "Chronic Diseases," embrace about a hundred drugs, more or less, all of which are distinguished by an almost interminable array of symptoms.

Gentlemen, on contrasting the provings contained in the five volumes entitled "Chronic Diseases," with the provings of the four volumes of the original Materia Medica Pura, we discover remarkable differences as regards clearness and characteristic positiveness of delineation. In the original Materia Medica Pura, every symptom bears upon some well marked disease; with a little tact, and a previous knowledge of existing diseases, the practitioner has very little difficulty to discover among the head-symptoms of those drugs, the various forms of headache, congestive, bilious, nervous, rheumatic, and so forth, to which the respective drugs are homœopathic. The same may be said of the alvine and thoracic symptoms, of the symptoms of the special senses, of the general nervous symptoms; the

very expression of all these symptoms bears intrinsic evidence of their reliability and perfect truthfulness, and indicates in unmistakeable language the pathological lesions with which they correspond as specific curative agents.

Would that the same confidence could be had in the provings of the drugs to which Hahnemann has applied the term "*anti-psorics.*" Most of these provings were instituted during Hahnemann's declining years by his professional followers, and by their uneducated lay-friends, in a manner which provoked Hahnemann's own condemnation. In a note appended to the provings of one of the anti-psorics, he declares in substance that he has had to reject a number of the symptoms furnished by some of the provers, and he moreover expresses his surprise that the business of proving drugs should be conducted with so much levity, as he inferred from the unreliable character of the symptoms, it must have been. In spite of Hahnemann's precautions, and a great deal of clipping and pruning, a large number of insignificant symptoms, according to Hahnemann's own admission, have been left standing, producing unnecessary complications, obscuring the true therapeutic character of drugs and occasioning merriment and avoidable misrepresentations on the part of our opponents.

The doctrine of potencies, concerning which I shall offer all proper and useful suggestions in the course of my lectures, had engaged Hahnemann's attention from the very beginning of his great discovery. Towards the latter part of his practice, Hahnemann used almost exclusively the higher attenuations both in his own case as well as when treating his patients. And the opinion became prevalent among a number of homœopathic physicians that, because the attenuations proved efficient in the treatment of diseases, they must likewise prove efficient in developing symptoms. Thus it happened that most of the later provings, and more particularly the provings of the antipsoric medicines, were conducted with the attenuations. The result is before us. If we had no other testimony to offer in favor of Homœopathy than the provings of the anti-psorics, our cause would not be worth the ink it required to print them. Such trifling sensations, pains, eruptions and the like, as we see put down to the credit of the anti-psoric remedies, seem to be a parody on the splendid symptomatology of the Materia Medica Pura; it seems incredible that such a mass of vague, childish, ill-defined symptoms as are recorded in the four volumes of the "Chronic Diseases," should have been accepted by earnest and sober-minded men as the pure effects of drugs. With the exception of the few substances that have been transferred from the Materia Medica Pura to the "Chronic Diseases," we may safely reject many of the symptoms that are supposed to have been elicited by means of the attenuations, as unworthy our attention. I do not mean to say that attenuated medicines generally are unfit to develop symptoms; we have abundant evidence that the sixth, twelfth and even higher potencies have affected the organism in health in their own characteristic and peculiar manner. My criticism bears upon the symptoms furnished by the provers of such of our drugs as are technically known as *anti-*

psorics. In reference to many of these symptoms I wish to express my unqualified condemnation, and to state in unequivocal language that, with a few honorable exceptions, I reject most of them as baseless fancy-sketches.

Entertaining as I do a philosophical belief in the efficacy of attenuated drugs, and in the doctrine of dynamisation as developed by Hahnemann; yet I cannot refrain, on the present occasion, from expressing a regret that the system of proving attenuated drugs should have been so extensively adopted in our school. Attenuations will undoubtedly affect the healthy organism in exceptional cases. But in no one instance has an attenuation ever developed a single symptom that had not been more characteristically and more intensely produced by a massive dose of the strongest preparation of this attenuated drug. As a general rule, the attenuations only act after the same drug had been previously taken in massive doses; and in all such cases the attenuations invariably reproduce, but more feebly and obscurely, symptoms that had been elicited by the larger dose. If the attenuations are used first, without any previous saturation of the organism by the concentrated tincture or the original drug, perceptible symptoms are scarcely ever obtained beyond the third attenuation; nor are these symptoms, with scarcely an exception, ever as clearly marked as the pathogenetic effects obtained by means of massive doses.

Our Materia Medica is unfortunately flooded with a deluge of trifling, unmeaning, unreliable symptoms. A perfect symptomania seemed at one time to have taken possession of our school. Such men as Hering, Bœnninghausen, Gross, fanned this incipient aberration into a perfect fury of symptom-hunting. If I mention living names, you will do me the justice, gentlemen, to believe that my criticism is exclusively dictated by the exalted and sacred demands of science. Hering's provings in particular seem to me liable to the grave suspicion of superficiality and unreliability. Not one of the numerous provings with which this gentleman has over-loaded our Materia Medica, will stand the test of a rigorous critical analysis. Many of them are fancy-pictures which may seem interesting to a few partisans, but will never pass current with the great body of scientific and enlightened homœopathic practitioners. This rage of parading interminable symptom-lists before the profession, is destructive even of the positive good that some of these inaccurately proved drugs might otherwise do. Disgusted with the quantity of chaff, we feel disposed to reject even the grain of wheat that is hidden amongst it. What need is there of this Babylonic confusion? Millefolium, or the common yarrow, has been used empirically for years past for well marked disorders of the circulatory apparatus, such as nose-bleed, hæmorrhage from the lungs, stomach, womb. Although it is proper and necessary, and especially incumbent upon homœopathic physicians, to ascertain by actual experiment the therapeutic range of drugs, yet there is no earthly use in conjuring up an array of several hundred vague and trivial symptoms, in order to secure for a drug of such limited therapeutic dimensions a respectable place in the Augean stable of our Materia Medica. Four hundred

symptoms to a drug which no practitioner living or to live will probably ever think of using, I mean using philosophically, and in strict conformity with our great law, for any other disorder than hæmorrhage from some internal organ or tissue.

Apis mellifica, or the poison of the honey-bee, is another interesting agent of a rather limited sphere of action, of which the American Provings furnish 1,350 symptoms. If we consider that Aconite, which has been proved and re-proved by Hahnemann and some twenty of the most distinguished observers of our school, and which has a therapeutic range that may be said to be bounded only by the limits of disease, has only between seven and eight hundred symptoms, we may fairly suspect the pathogenesis of Apis of the most extravagant exaggerations. Decked with the fascinating charms of antiquated lore, and with the positiveness of pretentious science, these provings have been ushered in with sounds of harpsichord and cymbal as an achievement, an invaluable contribution to our Materia Medica. But independently of the suspicion, which, like a dark cloud, overshadows the ignis-fatuus brightness of this picture of provings: that the poison of the honey-bee develops its pernicious effects by its direct action upon the capillary current, and not so much through the primary agency of the nervous system, we shall find, at a later stage of our course, that the effects of this poison, as exhibited in the "American Provings," are tainted with all the defects which distinguish many of our modern provings generally, and that they betray a lack of accuracy of observation, correctness of delineation, and adaptability to the treatment of disease, which will render it necessary to reprove all such drugs.

In thus critically sifting the materials with which we have to work, we shall arrive at facts to which permanency and universal recognition are secured as an imperishable birth-right. I am not willing to examine in the crucible of analysis the cases which are reported in the "Provings" as having yielded to Apis. I will say, however, that they furnish additional evidence of the utter unsoundness of the testimony which has been offered as illustrative of the curative virtues of this drug. From among a number of cases, let me select one or two as specimens of the whole series.

"A man of 28 years, of sanguine-nervous-bilious temperament, had been suddenly attacked with paralysis of the right side, with violent delirium, which sometimes increased to rage. His wife told me that the attack had been preceded by whitish blotches on the head and occasionally breaking out on the nape of the neck; they appeared suddenly and itched violently. On this account I selected Apis as my first remedy. In less than an hour after taking Apis, the eruption re-appeared in innumerable places on the head, and he became more quiet. Before morning the blotches disappeared again, and his rage became so violent that it took three men to keep him from rolling off the bed. I gave Hepar sulphuris, and in fifteen minutes after, Apis. He became more rational during the day, and his eruption appeared profusely on the calves. This kind of treatment was resorted to repeatedly, and always with success."

The case was managed and reported by Dr. de Bonneville, a sort

of itinerant practitioner, who, I believe, emigrated to California some years ago. I hardly know which most to marvel at in this case, the doctor's utter ignorance of the nature of the case, or the childish naïveté with which he attributes the periodical intermissions between the paroxysms of rage to the use of Hepar and Apis. We are left to guess whether the paralysis and the acute irritation of the cerebral nerves were cured; the probability is, that the ultimate result of the treatment was unsuccessful; but I would ask you, gentlemen, would any honest and careful observer parade such results before the world as the effect of his treatment? Can we wonder that the scientific practitioners among our opponents laugh at such clinical messes as de Bonneville has concocted for us with the honey-bee?

Let me relate another case, and then close the Apis chapter for the present.

"A girl of eight years had been sick for about a fortnight. In the day time she was drowsy, and seemed lazy and listless; at night she was constantly talking during her sleep; towards morning her sleep became very sound, so that she would not wake until she was taken out of bed, shaken and driven about the room. She was exceedingly languid, with loss of strength, pale face; scanty urine, bowels rather costive. The mother of the child told me, that eight years ago a daughter of the same age had exhibited similar symptoms of derangement, and had finally died of dropsy of the brain.

"The mother was frequently attacked with nettle-rash, showing itself here and there on the legs, painful, sensitive to contact, and always assuming as it ran its course, a bluish-red, livid hue. A few of these spots might be seen on the nape of the neck and on the forehead of the sick child; they were scarcely visible, not hard or raised.

"I gave her three doses of Apis, second attenuation, one at eleven o'clock in the forenoon, one at three o'clock in the afternoon, and the third dose at seven o'clock in the evening. For the first time since she had been sick, she slept quietly next night, she woke early next morning, was bright, disposed to play about the house, and she looked better than she had done for a fortnight past. There was a visible improvement after the second dose. Next day I gave the child three powders of Apis 3. The following night she was more restless than the night previous, but she awoke at an early hour, and, in the afternoon, played in the yard. The second or third day after taking the medicine, hard, bluish-red spots made their appearance upon the face, forehead, nape of the neck and lower extremities. They remained hard and painful for ten or twelve days, after which period they passed away. It took some time before the patient regained her former strength, but she gradually recovered perfect health."

The most superficial reading of this report which, by-the-by, is drawn up with a good deal of confusion, shows that Apis had as much to do with the gradual recovery of this little girl as the comet's tail. There certainly was no very threatening disorder im-

pending; otherwise the child would not have been pulled out of her bed every morning and pushed about the room in order to be roused out of her sleep. The facts of the case were undoubtedly, that the child was sickly; the eruption which was an hereditary cutaneous disorder, had begun to develop itself before medical treatment was resorted to, and this development went on increasingly until the eruption was fully out. Apis had no effect whatsoever upon the eruption which disappeared of itself after it had run its natural course. Apis did not even benefit the general health of the child; for, according to the relator's own statement, the little patient remained feeble for a long time before her former strength returned.

Dr. Hering appends the following complimentary note to this case: "The selection of Apis which was at that time almost unknown, was a masterly inference, and such reports should be copied in all our newspapers." In other words: Whatever may serve as grist on my mill, is of immense importance to all the *world* and the *rest* of *mankind*. The literature of our school must be sadly in need of supply, if such fancy sketches have to be resorted to in order to fill its pages.

The cheerless task of criticizing the labors of my cotemporaries is not to my taste; but this duty has to be performed by every public teacher. If he wishes to inseminate new and higher truths, he must first pull out the rankling weeds that might obstruct their growth. Our Materia Medica is so filled with useless material, that our first business must necessarily be, to subject it to a most rigorous sifting process. Many of our drugs have obtained a reputation and a name, not because their provings can at all be relied upon as therapeutic indications, but because an empirical use has secured for them a sort of prescription-right. Lachesis is one of them. Perhaps no drug in our Materia Medica has enjoyed a more factitious *éclat* than this agent. But the halo of glory which has surrounded this secretion, proves, upon closer examination, to emanate from the smoke of fancy as much as from the light of truth.

All toxicologists incline to the opinion that the poison of serpents manifests its pernicious effects by destroying the vitality of the blood. The celebrated *Fontana* who made nearly six thousand experiments with the bite of the viper, concluded that among a number of other facts the following may be considered as established:

1. The viper's venom, when applied upon the nerves, does not produce any effect, nor does it accelerate the death of the animal; it is as innocent for the nerves as pure water, or simple gum arabic.

2. The symptoms which it produces, depend upon its absorption, its being carried into the circulation, and on the action it exerts on the blood, which it partly coagulates, and on the nervous irritability, which it destroys by conveying into the fluids a principle of putrefaction."

Orfila, in his "system of General Toxicology," which is one of the most classical works on this subject in our possession, quotes Fontana as an authority, and accepts his inference as conclusive.

Flandin, in his recent work on Toxicology, which was published in Paris in the year 1853, likewise states that "the poison of serpents only produces its toxical effects after it penetrates the organism by a

wound, and that it is absolutely powerless when introduced into the stomach." He adds: "The experiments of Redi, Mead, Fontana, Breschet and others, leave no doubt in this respect. Even the ancients were acquainted with this important fact; Galen and Celsus make mention of it. Lucian, in his epic poem entitled *Pharsalus*, causes Cato to say to his soldiers who are afraid of quenching their thirst in a spring full of serpents:

> Noxia serpentum est admixto sanguine pestis;
> Morsu vires habent et fatum dente minantur;
> Pocula morte carent.

Or in plain English: the poison of serpents is hurtful when mixed with the blood; their bite is poisonous, and may even cause death; but when the poison is drank, it is harmless."

A few years ago, Duméril, distinguished in the scientific world of Paris, was bitten by a poisonous viper in the forest of Fontainebleau; his son sucked the poison from the father's wound without the least untoward accident to himself.

In spite of these grave facts substantiated by the most careful observation of able and conscientious experimenters, provings have been instituted with the poison of the Trigonocephalus Lachesis as though Fontana and his co-laborers had been, Don Quixote fashion, fighting mere windmills. Taking advantage of the doctrine of potentization which, although a vital principle of our School, may yet be made the source of much fallacious reasoning by fanatical or superficial dogmatists, a few physicians undertook to protentize the poison of this reptile by resorting to the usual processes of trituration and succussion, and to institute provings with this potentized poison, which were to upset the experience of previous experimenters. Favored by plausibility, they succeeded in making these provings of the Lachesis-poison pass current for genuine drug-effects, and they professed to use Lachesis with success in the diseases to which they supposed it to be homœopathic. The most distinguished and most philosophical writers of our School have repudiated the article as an unreliable intruder, and there is not, at this late day, a single case on record, where Lachesis can be shown to have effected a cure as clearly and unmistakably as we can prove the curative effects of Aconite, Belladonna, Nux, Pulsatilla and other polychrests; with the exception of the poisonous symptoms which have been incorporated in the provings of Lachesis, the remainder are unworthy the serious attention of thinking minds. The remaining symptoms are evidently the result of fancy and do not seem to be in homœopathic rapport with any known and well-defined pathological condition. It is true a few cases of cure with Lachesis have been reported in the Homœopathic Archives, one of the earlier homœopathic publications; but these cases are reported in such a slovenly manner; the employment of Lachesis is mixed up with so many other drugs, and there is so much left uncured in most of these cases, that it is far more probable the patients derived what benefit they seem to have experienced, from the use of general hygienic means, and the discontinuance of the nauseating and prostrating doses of their allœopathic physicians.

If we wish to prove the poison of serpents, we should follow the example of nature, and proceed as we do with the vaccine virus; we should inoculate the poison through the capillary system; this, as far as we know, is the only reliable mode of ascertaining the physiological effects of this class of agents. At all events, the symptoms which are obtained by introducing Lachesis into the stomach, should be so perfectly certain that they cannot possibly be repudiated even by sceptics. This cannot be said of the Lachesis provings published in Jahr's Symptomen-Codex; they are unreliable, indefinite, and, at best, without much practical value.

The object in proving a drug, is not to elicit symptoms, but to discover the mode in which a drug affects the living tissues, with a view of ascertaining its therapeutic uses. The difference between these two modes of investigation is very great. If the object is to elicit symptoms, we risk to lose ourselves in an inextricable maze of unmeaning and useless details which obscure the true character of a drug instead of establishing it upon the positive and acknowledged basis of fact. It is this mania of symptom-hunting that has introduced into our Materia Medica the tens of thousands of puerile and utterly useless trivialities which have excited the derision of both friend and foe. If, on the contrary, our object is to determine the therapeutic range of a drug with scientific precision, we shall necessarily use the most rigorous discrimination in distinguishing between actual drug-effects and purely accidental sensations, such as we experience more or less at all times in consequence of the abnormal influences which the mind, the nervous system and the tissues generally are exposed to.

The mere symptom-hunter is infatuated with the idea that symptoms may be obtained from the smallest as well as from a large quantity of a drug; he will employ the sixth, eighteenth, thirtieth or even two hundredth potency for his experiments with the same unconcern as the more massive preparations. And he will moreover commit another egregious mistake, which is: to note down as drug-effect every sensation which he may experience after taking the first dose; hence it is that our Materia Medica is filled with so many trivial symptoms, jerkings and twistings, itchings and stingings, spots and pimples; none of them symptoms that are in marked and characteristic rapport with well-known and accurately-described pathological conditions, but mere evanescent sensations with which any man might fill a page of foolscap in the course of a single day, without being under any medicinal influences whatsoever.

How different are the provings of the truly scientific observers of our School. Among the seven hundred Aconite-symptoms which we find recorded in Hahnemann's Materia Medica Pura, and in the re-provings of the Vienna Provers' Union, there is not one that does not bear the test of a most critical scrutiny. The same may be said of most other drugs proved by Hahnemann during the earlier period of his labors. All the re-provings of the Vienna Provers' Union, some of our English and a few of our American Provings are characterized by correctness and adaptability; they point of themselves, without any resort to sophistical cunning and hypothetical

combinations, to the pathological disorders for the cure of which these therapeutic agents were designed. Some of our French provings and more particularly the Brazilian provings of Dr. Mure, a wild and fanciful propagator of Homœopathy, are utterly worthless and a perfect caricature of the sacred business of determining the therapeutic character of drugs by positive experimentation upon the healthy. Think of a diseased potato, or of a piece of charred deer-hide, or, *horrendum dictu !* a louse potentized to the thirtieth attenuation, one globule of which is swallowed and permitted to act for three, four and even six weeks, developing symptoms all the time, which symptoms are gravely arrayed under their respective heads as head, face, eye, ear, chest-symptoms, and so forth, and published to the world as the actual effects of those substances. Such and many other absurdities may be found in Mure's Brazilian Pathogenesis.

The business of proving drugs is at this period engaged in by all who desire to obtain a correct and reliable knowledge of their therapeutic properties. The old-fashioned empirical method of obtaining this knowledge *ab usu in morbis* or by clinical experience, has been abandoned by all progressive inquirers on the field of Medicine. Clinical experience only serves, as it should do, to confirm the therapeutic properties, a knowledge of which had been obtained by pure experimentation upon the healthy. Pereira who is one of the great authorities in allœopathic therapeutics, says in his great work on Materia Medica: "The homœopaths assert, and with truth, that the study of the effects of medicines in the healthy state is the only way of ascertaining the pure or pathogenetic effects of medicines," and he fully concurs with Hahnemann in opinion that, if we administer our remedies to invalids, "the symptoms of the natural disease then existing, mingling with those which the medicinal agents are capable of producing, the latter can rarely be distinguished with any clearness or precision."

Trousseau and Pidoux, in their Treatise of Materia Medica and Therapeutics, which has been elevated to the rank of a classical text-book in France, make honorable mention of the German Provers' Societies in the following language: "Under the lead of Homœopathy, German Societies have been formed for the revision of the Materia Medica. All drugs have been proved upon the healthy by physicians who, it is true, have not always known how to avoid systematic illusions, but who, endowed with a good deal of patience and attentive observation, and always instituting their experiments with simple substances, have constituted a Materia Medica Pura, whence have emanated many very precious notions concerning the special properties of drugs, and concerning a variety of characteristic peculiarities of their action, with which we are too little acquainted in France. Owing to this ignorance we are only acquainted with the grossest general properties of our therapeutic agents, and, in the presence of diseases which exhibit so many varied shades of therapeutic indications, we very often lack the modifying agents adapted to these shades."

Fleming has enriched the literature of Aconite with some of the most splendid provings of this agent.

Jœrg, late Professor of Materia Medica and Therapeutics in the University of Leipsic, gathered around him a band of enthusiastic and devoted disciples, aided by whom he instituted provings with a number of our most important therapeutic agents, with a view of determining their exact opposites in disease.

Frank's Physiological Magazine is filled with a number of highly important provings instituted by allœopathic practitioners with large doses.

All these provings help to perfect our knowledge of drugs, and to effect a proportionate increase of our means of cure.

Most earnestly do I invite you, gentlemen, to institute provings with new, and re-provings with old drugs. If every one of you would make it his business, within the first five or ten years of his practice, to furnish a complete monograph of some drug, exhibiting the whole therapeutic range of the agent, and its applicability to corresponding diseases, we should soon succeed in reducing our system of therapeutics to the forms of a fixed science, which every Medical College would teach as orthodox doctrine. The business of proving drugs is not near as laborious and painful as it may seem to the uninitiated. In order to institute successful provings, it is not necessary to torture one's self by pain and privations. While engaged in proving, you pursue your avocations as usual, you eat your usual meals, avoiding only such substances as might taint the organism or set up a counteraction in the nervous system. Smoking, chewing or taking snuff, the use of coffee, beer, and alcoholic stimulants, hygienic and dietetic irregularities of any kind, are incompatible with a thorough and successful investigation of the therapeutic properties of drugs. Nor is it sufficient to institute provings with attenuations. Repeated trials with massive doses are absolutely indispensable in order to obtain a correct and reliable knowledge of a drug. If the attenuations should develop symptoms similar to those obtained with massive doses, or if symptoms thus obtained should be accompanied by other symptoms, we may accept them as reliable, provided these symptoms were never experienced by us when not under medicinal influence. The desire of contributing our mite to a perfect and truly scientific Materia Medica, enables us to undergo a good deal of labor, yea, to suffer pain for a good cause. Nothing is more delightful to a conscientious and energetic prover, than to trace the action of a drug, as manifested by clear and unmistakeable symptoms. Commence your proving with a small quantity, two or three drops of the tincture to be taken once a day, and increase the dose every morning or evening by a few drops, of course within conservative limits, until the drug seems to be unable to yield any new symptoms. Keep an exact record of the effects of each dose, and a picture of drug-effects thus obtained, will shadow forth the outlines of the pathological series of which it may constitute a curative neutralizer. In order to determine the therapeutic range of a drug, it is not necessary that the physiological series, or series of drug-effects, and the pathological

series, or series of morbid phenomena, should correspond in all their details. In order to determine the curative adaptation of Phosphorus to pneumonia, or of Arsenic to lepra or malignant impetigo, it is not necessary that we should previously develop these diseases artificially. We know that Aconite is in curative rapport with an acute inflammation of the testicles, and yet among the pathogenetic symptoms of Aconite, orchitis is wanting. The homœopathicity of drugs to diseases is not determined by a mere mechanical juxtaposition of symptomatic similarities. We know that an acute inflammation arises primarily from torpor of the arterial capillaries, which, by a process of organic reaction, superinduces engorgement and all the characteristic signs of inflammation. It makes no difference what organ or tissue is invaded; every where an acute inflammation is determined by the same cause: torpor of the capillaries. This being known, we require to possess a drug capable of affecting the capillaries in the same manner primarily, and of developing a similar organic reaction. We know by careful and reliable experiment that Aconite is this drug. Hence it is our great homœopathic specific to acute phlegmonous inflammation characterized by a full, hard and bounding pulse, hot and dry skin, preceded by chilly creepings, thirst, flushed face, headache and dizziness, coated tongue, nervous restlessness, and other symptoms, all of which will yield to one or more doses of Aconite, except where the specific character of the disease renders the use of some other drug likewise necessary.

Let us then not forget that Homœopathy should not be to us simply a fat cow that yields us plenty of milk and butter, but a Divine Goddess whose name is Truth, and whose form is Beauty: he who wishes to be a genuine high-priest in her temple, should aid in building it up.

LECTURE IV. on the action of drugs

In my last lecture we have considered the subject of *proving* drugs. The present lecture shall be devoted to a few necessary suggestions concerning the action of drugs generally, and that of homœopathic medicines in particular.

Various theories have been spun by allœopathic observers explanatory of the action of drugs. Most of these theories are speculative and impractical, the result of mere guess-work.

It is well known to most of you, that formerly the virtues of medicines were inferred from resemblances (fancied or real) in form, color, etc., between these substances and parts of the organism. These marks or indications have been called *signatures*, and were supposed to arise from astral influences. The jaws of a boar, for instance, were employed in pleurisy, because the stitching pain caused by the sharp teeth of this animal, was supposed to resemble the stitching pain in pleurisy. The ashes of a hare, the most timid

of all animals, were recommended for the consequences of fright. The pulverized liver of a rabid wolf was used for hydrophobia. Euphrasia was supposed to be endowed with curative virtues in diseases of the eyes, on account of a fancied resemblance of its flower to the human eye. A gourd cured jaundice on account of its yellow color; the blood-red juice of John's-wort arrested hæmorrhages; poppy-heads acted principally upon the head, and the pith of the elder was used in diseases of the spinal marrow.

Some physiologists have undertaken to determine the action of drugs by their sensible properties, such as *color*, *taste* and *odor*. This seems to be a most superficial method of solving the problem.

By some writers the *natural-historical* properties of drugs have been depended upon as a standard for the determination of their therapeutic virtues. Even homœopathic physicians have been led to regard these properties as suggestive of the dynamic character of drugs. Dr. Gray, of New York, in a note to the provings of Arsenic in Jahr's large manual, entitled "Symptomen-Codex," writes: "It is important that practitioners should point their attention to the question, whether drugs which are *isomorphous*, are not, on that account, allies in the treatment of disease; thus Arsenic, Phosphorus and Antimony, being eminent instances of the isomorphous relation, and being strikingly analogous in their pathogenecy, it is not very probable that these two similitudes depend on the same element in each, namely, an identical original force or power. We find these drugs chemically uniting with other substances in precisely the same atomic proportions, and producing crystals in each case of the same form."

But, as Pereira very justly remarks: "No conclusion respecting the medicinal properties of minerals, can be deduced from crystalline form and structure. The triphosphate of soda, for instance, is isomorphous with the triarseniate of the same base; but no one will pretend to assert that their action in the system is alike. Arsenious acid is isomorphous with the sesquioxide of Antimony; yet their effects on the system are very dissimilar." How a homœopathic practitioner can discover any similarity between the effects of Arsenic, Antimony and Phosphorous upon the healthy organism, is a mystery to me. Their therapeutic range differs respectively as widely as that of Aconite from Arsenic, or that of the Nitrate of silver from Phosphorus.

The natural-historical properties of vegetables are equally unreliable as indications of the medicinal virtues of drugs. I refer those who wish to be thoroughly convinced of this fact, to Hahnemann's essay, entitled: "Suggestions for Ascertaining the Curative Powers of Drugs," and published in the American edition of his lesser writings. The root and leaves of the carrot are wholesome and nutritive; but the analogous parts of the spotted hemlock are highly poisonous. Both Hahnemann and Pereira adduce a number of instances showing that botanical affinities cannot be relied on for determining the effects of remedial agents. Capsicum annuum and Atropa Belladonna both belong to the family *Solaneæ*, and yet how different is their physiological action upon the brain. Both the

melon and the colocynth belong to the family Cucurbitaceæ, yet the one is a delicious fruit, and the other a poisonous drug.

Chemical properties are likewise unreliable as means of determining the therapeutic virtues of drugs. Sulphuric, nitric and hydrochloric acids possess similar chemical properties; yet how widely do their medicinal effects differ from each other!

There is then but one true, philosophical method of ascertaining the pure effects of drugs; it is to institute provings upon the healthy. It is likewise in this respect that Homœopathy has set an example which the Old School is beginning to follow. Some of our most valuable contributions to a knowledge of the pure effects of drugs have been recently furnished by the Imperial Provers' Societies of Vienna and Prague, founded under the auspices of the most enlightened allœopathic practitioners of these two cities.

In attempting to explain the action of homœopathic remedial agents, we shall be led to a train of reasoning utterly at variance with any of the established theories of the Old School. By the terms of our law we prescribe remedies that act similarly to the existing disturbance of the functions. This fundamental difference in the first principles of our respective schools would of itself seem to imply a radical difference in the mode in which our remedial agents perform their work. It is true, a knowledge of this mode does not seem absolutely necessary to the performance of a satisfactory cure; yet what thinking practitioner can refrain from inquiring into the apparently marvellous mystery of a cure by means of a few infinitesimal globules?

It is astonishing how even in this direction intelligent physicians of the old school have stumbled upon observations which, with a little more logical consistency and a little less adherence to scholastic dogmatism, might have led them to mistrust the universal applicability of the old-fashioned Hippocratic-Galenian law of "*Contraria Contrariis.*" Paracelsus had already denounced it as contrary to nature. So did the celebrated Van Helmont. The learned Tycho de Brahe likewise repudiated to some extent the authority of Galen. Pereira's elaborate work is filled with isolated propositions embodying principles that might have infused a new life into the Materia Medica and the whole system of therapeutics. He frequently alludes to the primary and secondary action of drugs, ascribing the primary action to the drug and the secondary or reaction to the organism. Speaking of cold, he says: "The effects of cold on animals are twofold, viz.: 1. direct, primary or immediate; 2. indirect, secondary or mediate. The direct or primary influence of cold is diminished vital activity; the indirect or secondary influence of moderate cold, applied temporarily, is increased activity of the vital powers, or reaction." Further on we read this passage: "The primary effects of a cold bath constitute the shock; its secondary effects the reaction or glow." Unfortunately Pereira lacked the intuitive genius which might have taught him to vitalize these isolated propositions into general therapeutic principles. It was reserved for Hahnemann to show that, if the reaction is the opposite of the primary action, we should not be guided in our exhibition of reme-

dial agents by their primary action, but by the character of the reaction which they excite in the organism. Diarrhœa, for instance, being a symptom of organic reaction, should not be treated with astringents, but with medicines which will excite an organic reaction opposite to that excited by the disease. Hence we do not treat diarrhœa with opiates, because such agents, whose primary action is to *bind* the bowels, would develop an organic reaction of the same character as the natural disturbance of the functions which we wish to remove. On the contrary, we prescribe medicines whose primary action upon the alimentary canal is similar to the existing disorder; for we know that, as soon as the primary action is exhausted, the opposite secondary or organic reaction will develop itself in opposition to the existing symptoms. Such medicines are Aconite, Arsenic, Mercury, etc.

Page 274 of Pereira's great work we read: "The sudden and temporary application of cold, as in the affusion of cold water, sometimes proves sudorific by the reaction which it occasions." If this be true, would cold water affusions arrest or increase perspiration? Make the experiment on a warm summer's day; sponge the perspiring skin with cold water, and see whether the cooling effect of the water, its primary action, will not very speedily be followed by an increase of perspiration. On the other hand the use of slightly tepid water will, in the end, prove much more, and more permanently cooling.

Even Professor Mitchell, who fills the chair of Materia Medica and Therapeutics in Jefferson College, and who seems as unprincipled an opponent of Homœopathy as any medical writer of the age, teaches Homœopathy without knowing it. On the 28th page of his System of Therapeutics he writes: "Very many articles operate as indirect sedatives; in other words, the first impression of an active stimulant having subsided, a state of indirect debility follows, and this is called a sedative effect. In this way Opium and Alcohol may be indirect sedatives, although they are, in the first instance direct stimulants."

Professor Mitchell seems unconscious that the law of action and reaction is an universal principle in nature, equally operative in therapeutics as in physics. If the primary effect of opium is to stimulate the brain, the secondary effect will undoubtedly be to depress its action. The same rule applies to alcoholic stimulants. We may avail ourselves of this law as a regulating principle in disordered physiological conditions. A state of excessive nervous irritability may be quieted by a small dose of coffee. Excessive wakefulness, excessive mobility of the nervous system may yield to a small spoonful of strong black coffee. Why? Because the general primary action of coffee consists in dissipating sleep by exciting the brain and stimulating the nervous energy. As soon as this primary effect is past, an opposite condition of the system sets in, which, if it were the same as the natural disease, would increase its intensity instead of affording relief. Hence, in order to effect a cure, it is the organic reaction or secondary action as it is termed, and not the primary action of the drug, that has to be opposed to the disease.

It is astonishing that some of the highest authorities in the allœopathic ranks should be habitually stating facts of the utmost importance in medical practice without perceiving their bearing upon general principles. We might collect from Pereira's large work a few hundred pages of statements illustrative of the compound action of drugs, and showing the absolute necessity of being guided by this law in practice. In proof of this we will quote the following paragraph, page 250. "Sometimes the same principle produces, under different circumstances, apparently different effects. Thus brandy, in moderate quantities, acts as a stimulant; but taken in excess it overpowers the brain, exhausts the nervous power, and impedes its generation, disengagement and communication; thus acting both as a stimulant and narcotic."

Here is a curious confusion of ideas. The same drug acting both as a stimulant and a narcotic, without accounting for this apparently contradictory effect in a profitable manner. A small dose of brandy will stimulate the brain not because its action is essentially different from that of a large dose; but because the primary narcotic effect is so evanescent that it is readily overcome by the vital reaction. A large dose will narcotise the brain because the vital reaction is insufficient to subdue the primary narcotic effect of the drug. We shall soon see to what important practical results this apparent opposition between the action of small and large doses of the same drug will lead us.

Trousseau and Pidoux assign a twofold order of effects to drugs: common and special. A common effect of the narcotic poisons, for instance, is to narcotise the brain, and of the corrosive acids to develop an inflammatory irritation of the intestinal mucous lining. On the other hand, every narcotic and every acrid poison has special effects of its own. The common effects are developed by large, and the special effects by small doses. In old-school practice drugs are arranged for therapeutic purposes according to their common effects. If an old school physician wishes to evacuate the bowels, he uses a cathartic or drastic. Every physician generally has his favorite remedy for such purposes. One prefers castor-oil, another magnesia, another rhubarb; others again at once charge with their heavy artillery, a few blue pills, jalap or colocynth, and very often charge so effectually that the tissues become gangrened and are perforated as surely as the walls of a citadel fall before the enemy's shells. Special morbid phenomena not being considered, the special effects of drugs are of no consequence whatsoever. One drug will do just as well as another; anything that happens to be handy or sanctioned by the routine-habit of the medical attendant. The same gross method of generalizing is resorted to in acting upon the skin, the bladder, the sexual system, brain, or upon any other organ. Here is a case of dropsy. The doctor concludes that he must remove the fluid by acting upon the salivary glands or bladder. Any thing will do for this purpose, provided he succeeds in making the poor patient spit or urinate. If squills will not do, he resorts to the iodide of potassium or to some other drug, until the whole catalogue of his diuretics is exhausted.

With this gross mode of investigating and applying the general effects of drugs, we have nothing to do whatsover. If we promote the urinary secretions or excite cutaneous perspiration, the effect is owing to altogether different influences. If, in a case of inflammatory fever, a dose of Aconite takes down the pulse and restores the secretory action of the skin, this perspiration is not the direct effect of the remedial agent; it is the natural and spontaneous result of the restored vital action of the organism. The capillary system being freed from its torpor, the secretions are again carried on with their customary regularity, and the pores of the skin pour forth the incarcerated moisture until the equilibrium in the absorbent system is fully restored.

If, in a case of strangury, a dose of Cantharides should induce a copious secretion of urine, this extraordinary action of the bladder would not be a drug-effect, but the natural result of the re-awakened vital energies of the urinary organs.

So in a case of torpor of the bowels; if a dose of Nux Vomica or Sulphur should induce diarrhœa, the diarrhœa would not be owing to the medicinal impression set up by the drug, but to the vital reaction, in proof whereof, we shall find that the diarrhœa will gradually disappear, and be followed by regular motions, whereas, if the diarrhœa were a medicinal symptom, the constipation would be increased after the cessation of the medicinal impression.

In homœopathic practice, therefore, the classification of drugs in accordance with general properties is of very little, if any, use. We may use the general appellations of tonics, stimulants, sudorifics, and so forth, but we must be careful to associate with them ideas in harmony with our general therapeutic principle. If we choose to call Aconite a sudorific, we must understand by this expression that if, in certain conditions of the system, the cutaneous secretions are checked, Aconite will restore them, provided it is specifically adapted to this work. There is no harm in calling Nux Vomica a cathartic, provided we attach the right understanding to the term. Nux does not produce catharsis, but it may remove torpor of the bowels, if homœopathic to this condition.

Sometimes we should be sorely puzzled to determine in what general category the drugs belong. Aconite will excite perspiration, hence we may range it among the sudorifics. It will restore the urinary secretions; hence it may be termed a diuretic. It will depress the pulse, diminish fever-heat, and remove inflammation; hence it is an anti-phlogistic. It will hush the fiercest attack of neuralgia; hence we consider it as one of our most important nervines. It will quiet spasms and convulsions; hence it is an antispasmodic. It will arrest diarrhœa, and quiet the irritation and uneasiness in the bowels; hence it acts as a sedative. It will restore the menstrual secretions, if arrested by a fright or exposure to cold, dampness or a draught of air; hence it may be ranged among the emmenagogues. It will restore the nervous energy in cases of depression brought on by fright or excessive blood-lettings; hence we may very appropriately consider it as a tonic.

From this long list of diversified effects you may readily infer

that it would be highly unphilosophical to assign such an agent as Aconite to a single category; our standard of classification must necessarily be totally different from that of allœopathic physiologists. What would we call a tonic? Why, any remedial agent that restores the strength of the patient. Any agent which removes a group of morbid symptoms, among which debility is a characteristic element, may be said to act as a tonic. Mercury may be a tonic; Arsenic may be one; Veratrum may be another. We may designate the carbonate of Ammonia as an anti-scorbutic, and yet the continued use of this salt produces a deterioration of the animal fluids which resembles in all respects the worst form of scurvy. Our true standard of classification would perhaps be the curative effects of drugs. Or we might be guided in this business by the special or specific effects of our drugs, and group them in accordance with what we know by positive experimentation to be their therapeutic properties. We shall find it very difficult to assign definite names to our drugs. Our provings show us that some of them act upon the organism generally, others more particularly upon definite organs or tissues, others again both generally and locally. But the one thing needful in the practical business of applying drugs to diseases, is that we should have an accurate knowledge of the precise character of the disturbance which a drug is capable of occasioning in the healthy organism. This knowledge alone can teach us with what pathological conditions the drug is in curative rapport, and, if we are anxious to create a name for the drug, it should be one that expresses this specific relation; the crude terms of "anti-bilious, anti-phlogistic, anti-septic, anti-spasmodic, etc.," or of "cathartic, sudorific, diuretic, tonic, stimulant, etc.," express nothing definite, and are only adapted to the gross and delusive methods of allœopathic practitioners.

We have said that Trousseau and Pidoux speak of special and common properties of drugs. "All the purgatives for instance," they teach, "are endowed with the common virtue of provoking intestinal secretions and contractions. These are their general properties. Exhibit them in large, purgative doses, and you will obtain no other effect, or at any rate this effect will prevail to such an extent that it will absorb all other effects of the drug. In large doses Aloes and Rhubarb irritate the bowels and excite colic; in small doses, they relax the muscular fibres of the intestines and quiet their spasmodic irritation, and the Aloes in particular, induces still more certainly hæmorrhoidal congestions. In large doses, both these drugs irritate the stomach; in small doses, they quiet and strengthen it. In large doses, they manifest their common, in small doses their special properties."

In the hands of homœopathic practitioners, the doctrine of special and common properties of drugs becomes fruitful of the most beneficent results. In the hands of physiological physicians, this doctrine seems to constitute, comparatively speaking, a barren investment of thought.

In the course of my lectures I shall have frequent occasions to show you that drugs seem to affect the organism in two opposite

ways, and may therefore be homœopathic to two pathological conditions, holding towards each other relations of antagonism. We may illustrate this law by the well known condition of fever. The first stage of an inflammatory fever is not a full and bounding pulse, a hot and dry skin, flushed face, and so forth; an opposite group of symptoms occurs. The patient experiences a chill or cold creepings along the back; he looks pale, hollow-eyed, the hands and feet are cold, the pulse is thin, feeble, rather slower than naturally, or at any rate, not much accelerated. This condition is soon superseded by the opposite group of phenomena generally designated as fever. The chill is the primary effect of the disease; the fever constitutes a secondary effect, or the reaction of the organism. In selecting a remedial agent for this derangement, it should be homœopathic not only to the primary chill, but also to the secondary group, fever. Aconite is such a remedy. Aconite is homœopathic to the chill, which marks the first invasion of the disease, and to the fever which marks the beginning of the organic reaction. We are seldom called to a patient during the primary invasion of the disease; the organic reaction is generally fully established when we first see the patient. Nevertheless we prescribe Aconite, knowing full well that the inflammatory stage must have been preceded by a chill.

We say that Aconite is homœopathic to the chill, and we prove this experimentally by taking a large dose of this drug, of course within conservative limits, which will uniformly cause a more or less perceptible chill, coldness of the skin, depression of the pulse, all of which symptoms disappear after a certain interval of time, and are followed by the opposite condition, fever. A small dose of Aconite will not produce the primary chill, but will at once excite the organic reaction characterized by the usual phenomena of heat, flushed face, dryness of the mouth, etc. This shows the importance of proving drugs in massive doses. It is massive doses that develop the primary drug-symptoms; small doses do not develop these primary symptoms, because the organic reaction very speedily supersedes them.

In the Manual of Homœopathic Theory and Practice, which has lately been published by Drs. Beakley and Hempel, I have offered the following remarks concerning the two-fold action of drugs, viz.: the primary drug-action and the secondary action or rather reaction of the organism.

"The primary action of Aconite upon the capillary nervous network of the intestinal mucous membrane is to induce torpor, such as might be considered analogous to the torpor induced by cold. The first consequence of this torpid condition of the nerves, is to cause a relaxation of the mucous membrane and an excess of the mucous secretion. This excess of the secretions would affect the character and regularity of the alvine evacuations; the stools would be thin, slimy or watery, and the desire to evacuate the bowels would be felt more urgently and more frequently.

"But under ordinary circumstances the relaxed condition of the mucous membrane would hardly continue long enough to affect the evacuations in a permanent manner. Organic reaction will soon

take place, and an opposite condition is set up; instead of excessive, we shall have a deficient secretion of intestinal mucus which may induce a corresponding costiveness.

"Hence we perceive that a medicine may be homœopathic to two opposite conditions, to diarrhœa as well as to constipation; to both a state of hyperæmia or excess of blood, and a state of anæmia or deficiency of blood; to both atony and excessive irritability of the stomach; to a condition characterized by paralysis as well as to a condition characterized by spasm. Aconite and Nux may be used as true homœopathic remedies in paralysis as well as in tetanus; Ipecacuanha may remove perfect atony as well as spasmodic irritability of the stomach; Opium cures diarrhœa as well as constipation, excessive wakefulness as well as drowsiness and stupor; Mercurius will check as well as promote the secretory action of the pancreas; Secale answers in uterine hæmorrhage from atony of this organ as well as in spasmodic uterine contractions, it will arrest the former and quiet the latter simply by virtue of the beautiful and life-saving law: that every drug is exactly homœopathic, and therefore adaptable as a specific curative agent to two morbid conditions which are in direct or polaric opposition to each other."

In practice it is of the utmost importance that we should discriminate between the primary and secondary action. If we are called upon to prescribe for a group of symptoms corresponding with the primary action of a drug, we give a larger dose than we should do, if we had to prescribe for a group of symptoms corresponding with the secondary action, or organic reaction. In prescribing Aconite for diarrhœa (primary symptom), we may sometimes have to give one or two drops of the tincture of the root; costiveness, if treated with Aconite, may require two or three drops of the first or second attenuation. I may here mention incidentally that, in order to determine whether Aconite should be used in a case of costiveness, your first care should be to ascertain the nature of the primary symptoms that may have preceded this condition. If these primary symptoms,—more particularly the diarrhœa, uneasiness and pain in the bowels, and the sickness at the stomach which are characteristic of Aconite,—corresponded with the primary action of Aconite, we may depend upon this drug as one of the specific agents in a case of constipation.

There are a few violent diseases, where a physician may happen to see the patient during the primary invasion. This will frequently happen in Asiatic Cholera, or even in a much less dangerous, but much more chronic disease, such as fever and ague. In all such cases I consider it philosophic homœopathic treatment, to endeavor to excite the organic reaction by resorting to larger doses of the appropriate remedial agents than we should use, if the organic reaction had already set in. We might endeavor to abbreviate the chilly stage of a miasmatic intermittent by giving one or two drops of the strong tincture of Aconite in a gill of water, administering a small tablespoonful every ten or fifteen minutes.

You have heard me distinguish between large and small doses. This seems strange, and yet you will hear this distinction frequently

made by practitioners. There is a considerable difference between a dose of the first or second trituration, and of the two hundredth potency. The subject of potencies is one of considerable importance in homœopathic practice, which should be fully understood by every student of our great Science. Let us examine it a little more closely.

It is one of Hahnemann's great doctrines that every drug contains an essential principle which constitutes the active force of the drug and upon the presence of which its peculiar characteristic properties depend. What is it that distinguishes Stramonium from Belladonna, or rather that makes Stramonium and Belladonna to be what they are respectively? It is this inmost essential principle which no chemist has yet discovered in his crucible. Analyze Stramonium into its constituent elements, its carbon, nitrogen, hydrogen, and what not; can you recombine them into the original plant? Ah, the Stramonium principle, the agent or force which had combined these elements into a definite form, and which, by means of this form, had become a tangible and visible substance, has fled into the sphere of forces whence it descends upon the sunbeam into the lower atmospheres, and again embodies itself by means of the material, molecules of our globe, in its own peculiar and characteristic form which constitutes the type or typical substratum of the in-dwelling principle.

Fixing your mind's eye upon this subject, you perceive two distinct elements that intervene in the formation of a drug, an active principle or force, acting as a creative or inseminating agent, and a passive principle composed of material molecules which have been so fashioned by the Supreme Creator as to serve as a recipient vessel or form to the former. Further than this it seems impossible to go in the present state of our scientific investigations. We have not yet solved the mystery of Creation, and all that we have learned to know by reasoning, observation and analysis, is, that there are, 1, *active forces* or *principles* which constitute the essence of things, and 2, *forms* or passive recipients of the former. How far the active forces of Nature have been originally instrumental in working their appropriate characteristic forms out of the elementary molecules of matter; how the union between these two principles is maintained; how the great process of organizing life into distinct individualities and maintaining and developing them, each according to its inherent law and destiny, is carried on: these, gentlemen, are subjects worthy of the most religious contemplation, but not immediately connected with our present course of studies.

Taking the Stramonium-plant as an illustration, we say that it represents an active principle or force which is *embodied*, as I term it, in this plant, and more particularly in the seeds thereof. The plant, with all its perceptible characteristic properties of shape, color, odor, leaves, blossoms, etc., is a representative *type* of the active force dwelling in its inmost bosom as it were. Now, gentlemen, what do I mean when, in the case of man, I allude to morbid tendencies or morbid predispositions in the human organism? I mean that the germinal principles out of which drugs are developed in Nature, are

represented in man by corresponding morbid tendencies or predispositions. The germinal principle of Stramonium, or that recipient faculty impressed upon the elementary molecules of Nature to be influenced by, and excited or individualized into a concrete, perceptible form by some specific force, which, while separated from the material molecules, constitutes an essence, and which, when uniting itself to, or pervading and penetrating material molecules, gives rise to, and develops the Stramonium-plant; this recipient faculty in the elementary molecules of matter, likewise exists in the human organism; the human organism likewise is tainted with a faculty of being impressed by the active force, which, when embodying itself in the material molecules of Nature, results in the formation of the Stramonium-plant. It stands to reason that this force, when acting upon the human organism, does not develop the Stramonium-plant in man. What then does it develop? Why, it develops the Stramonium disease, a pathological lesion characterised by definite signs, symptoms or phenomena. Let the Stramonium-force or principle act upon the organism *mediately*, through the Stramonium-plant, and you will develop a Stramonium disease exactly resembling the former in all essential characteristics. Is not this essential similarity an evidence of the identity of their origin? Does not this essential similarity show that the Stramonium-disease as mediately developed by the plant, and the Stramonium-disease as developed by the immediate invasion of the organism by the Stramonium-principle or force, are products of the same essential cause?

The ancient doctrine that man is a microcosm, a doctrine which has been accepted, with various modifications, by the philosophical minds of all nations and ages, leads to the idea of Homœopathy as certainly and positively as any general law, if essentially true and correctly apprehended, will inevitably lead to its particular applications. All the germinal principles of Nature are represented by recipient faculties in man. Man constitutes an universe of germinal forces. Every germinal drug-principle in outward Nature is represented in human Nature by a kindred recipient faculty, a morbid tendency or predisposition. The germinal principle of Stramonium pervades all Nature, but it does not develop itself all over into an actual form. In order that it may develop itself into an actual plant, the circumstances of soil and locality have to correspond with its essential nature. It is only in waste places, on heaps of rubbish that the Stramonium-plant can grow; it will not show itself in an ornamental garden. So does a recipient faculty of being impressed by the creative Stramonium-force pervade every human organism; but it does not develop in every organism an actual Stramonium-disease. In order that an actual pathological lesion may be developed in man, the circumambient conditions, abnormal influences of climate and diet, exposure, the excessive action of the sun's rays, starvation, fatigue, a draught of air, retrocession of the perspiration, mental or moral depression, have to favor this development. Otherwise the morbid faculty will remain dormant, in a state of passive potency, and the vital force will not be disturbed in the harmonious exercise of its functions.

We have reached the conclusion of our argument. If a Stramonium-lesion has actually been excited in the organism, how do we proceed in order to hush it up, and to reduce it back again to a state of passive potency, a mere faculty, tendency or predisposition? You know my answer. We act upon it by means of the Stramonium principle as embodied in the plant, after having previously fitted it for this work by suitable manipulations. We present this principle to the disease in the shape of attractive molecules, and the consequence of this contact of the Stramonium-disease with the Stramonium-plant in a state of suitable adaptation, is the restoration of the organism to a state of normal activity.

Here is the great mystery which puzzles our opponents and even our friends. How does the homœopathic medicine act? Why, it acts by carrying the war into Africa; it acts like the lightning-rod inviting the thunders of heaven. Here is the Stramonium-disease, the creative Stramonium-force having invaded the organism where it meets a kindred, recipient faculty, a predisposition which it excites into a violent, palpable disorder. I say, we conquer this disorder by carrying the war into Africa. We act upon it by means of material molecules for which the Stramonium-force or essence has a stronger attractive affinity than for the organic tissues. These material molecules are the Stramonium-drug in a suitable state of preparation. If the drug-molecules are not endowed with sufficient force to draw the disease to themselves, to incorporate the disease with themselves, in other words to materialize it, to convert it from the dynamic or immaterial form in which it pervades the organism, into molecular drug-atoms of limited dimensions and harmless as disease-producing agents, the cure fails. Either the disease was not a Stramonium-disease, or else the inimical force had so thoroughly assimilated the organic tissues that their dissolution had become inevitable. It is in this exact adaptation of our remedial agents to diseases, that consists their potency, their power to act. Potency has not reference to quantity or number, but to the curative adaptation of drugs to diseases. In this sense a globule of the twelfth attenuation of Arsenic may be a far more efficient potency than ten drops of Fowler's solution; whereas, on the other hand, a few grains of Quinine in fever and ague may exercise a more positive curative influence, and therefore constitute a more efficient potency, than a few globules of the thirtieth attenuation.

Hahnemann taught the doctrine,—and you must have seen from my statements, that this doctrine is founded in Nature and Reason—that it is the drug-force which effects cures. By drug-force we mean the morbific essence which materializes itself in the plant, and develops pathological lesions in the organism. This drug-force can never be wholly separated from the material molecules of the drug; but by resorting to various peculiar processes of shaking and triturating, this drug-force may be set free, disengaged and may be united with a temporary vehicle, such as alcohol or sugar of milk. I shall describe this triturating and shaking process more fully in our next lecture, and I shall then give a number of illustrations furnished by Chemistry and Natural Philosophy, showing that very small bodies

may possess the power of producing great effects. For the present let it suffice to know that it is the in-dwelling dynamic force of drugs which effects our cures by absorbing or attracting as it were, the morbific essence to itself, and amalgamating or incorporating it with the molecular atoms of the drug. I shall hereafter quote the great authority of Professor Doppler, the inventor of the platina-hydrogen lamp, in order to substantiate this theory.

The process of developing the dynamic virtues of drugs by succussion and trituration has been carried to an almost incredible extent. Take one drop of the tincture, and shake it together with ninety-nine drops of alcohol, and you obtain the first attenuation, potency or dynamization. It is designated as an attenuation by those who look upon this proceeding simply as a mechanical division or separation of the drug-molecules; the term potency or dynamization is applied by physicians who regard the process of shaking and triturating as a development of the in-dwelling drug-force. Shake a drop of the first potency with ninety-nine drops of strong alcohol, and you obtain the second potency or attenuation. This process has been continued up to the one, four, eight, ten, yea forty thousandth potency.

Gentlemen, this is going too far; there must be a limit to this thing. Our materials are too crude to enable us to potentize drugs to this incredible height. We may keep potentizing until we potentize the drug-force back again into the ethereal regions of the infinite.

The use of infinitesimal doses as they are termed, is one of the characteristic peculiarities of our practice. Is the doctrine of infinitesimal doses essentially absurd? Is there any thing essentially absurd in the developments which I have laid before you? Is there any thing absurd in our doctrines concerning disease, with which our doctrine of potencies and of infinitesimal doses is most intimately connected. "If I have spoken falsely, prove it; if I have spoken truly, why dost thou smite me?"

It is not thus that our opponents treat us. They do not wish to investigate our doctrines. They seize upon a few prominent peculiarities which, if separated from the organic structure of the whole, may easily be made to look unphilosophical, unscientific and absurd.

"The practice of this deluded man," writes my colleague of Jefferson College, Professor Mitchell, "has been called infinitesimal, because it is fairly inferrable, from all he has said, that doses, divided and diminished, ad infinitum, are thereby augmented in efficacy." And again he says: "Were the position true, that the strength of a fluid mixture was augmented by dilution, then beyond all doubt, an ounce of laudanum poured into the head of the Alleghany should narcotize every individual who drank of the water of the Ohio, down to where it empties into the Mississippi; and the fish, too, of that noble stream could not fail to be destroyed by the poison."

It seems as though Professor Mitchell might have been drinking of some such waters, or, may be, the doctrines of Hahnemann have so woefully narcotized his brain that he has become incapacitated

from understanding them. I will do him the justice to believe that he is constitutionally unfit for such a task. Let him slide.

Professor Simpson, of Edinburgh, expresses his amazement at the efficacy of our small doses in these terms: "To be called on to believe that the decillionth of a grain of charcoal or oyster-shell, is capable of producing hundreds of the most formidable symptoms, and of curing, as by magic, the most inveterate diseases, while we can take ounces, nay pounds, of the very same substance into our stomachs, with no other inconvenience than its mechanical bulk, seems so gratuitous an outrage to human reason, that the mind instinctively recoils from the proposition."

This seems more plausible, but it is not the globule of charcoal and oyster-shell that the professor demurs at, but the infinitesimal doses generally. And yet, why should not a globule of the thirtieth potency of Aconite have the power of curing a fever, if we consider than an infinitesimal germinal vesicle, which can only be seen through a powerful microscope, may develop itself into a Simpsonian brain which has power to elaborate two mighty volumes on obstetrics alternately filled with wisdom and with folly; and which enables a man to commit a crime against humanity by misrepresenting and deriding our divine doctrine of the Healing Art and its great, glorious and immortal discoverer.

LECTURE V.

We have seen that the remedial power of a drug depends upon the presence of an active principle which pervades the molecular atoms of the drug as the vital spirit does the tissues of the organism. This active principle is a force *sui generis*, which cannot be replaced by any other force in nature. In allœopathic practice one amarum or bitter substance may be taken for another; the doctrine of succedanea or substitutes is essentially a doctrine of the Old School. We see proposals made in allœopathic journals to employ one medicine in the place of another; governments offer rewards to the discoverer of some cheap native substitute for expensive foreign drugs. In our practice we repudiate the very idea of substituting one drug for another. Every drug constitutes a distinct power, is endowed with distinct properties which make it to be what it is: an individual agent. The very idea of individuality precludes the possibility of substitution, which is simply another term for chaos and confusion. Every drug affects the human organism in a definite manner, and is in therapeutic rapport with some definite pathological lesion characterised by definite phenomena of pain, alterations of color, temperature and pulse, eruptions, disharmony of the nervous functions and other signs of disease which are peculiar to this and to no other derangement.

We are aware that modern chemistry has succeeded in analyzing

medicinal plants into a number of component parts. Opium, for instance, has been analyzed into some twenty different substances, a fact of which Professor Simpson, in his volume against Homœopathy, avails himself for the purpose of showing that homœopathic physicians do not operate with simple, but exceedingly compound substances. He writes;

"Opium is not a simple substance; it is extemely composite in its character. It contains, says Christison, no fewer than seven crystalline principles, called Morphia, Codeia, Paramorphia, Narcotin, Narcein, Dorphyroxin, and Meconin, of which the first three are alkaline, and the others neutral; secondly, a peculiar acid termed meconic acid, which consitutes, with sulphuric acid, the solvent of the active principle; and thirdly, a variety of comparatively unimportant ingredients, such as gum, albumen, resin, fixed oil, a trace perhaps of volatile oil, lignin, caoutchouc, extractive matter, and numerous salts of inorganic bases. Of these inorganic salts and substances in Opium, Schindler, in his analysis, detected among others, phosphate of lime, alumina, silica, magnesia, oxide of iron. Homœopathists, in using this frequently-indicated medicament, Opium, employ a preparation which is certainly not single, but consists at least of some twenty different substances."

Unfortunately for his argument, our professor is a little too fast. He might have increased the list of these elementary ingredients threefold, and yet he would have been obliged to leave out the most essential of them all, the very element, in fact, which constitutes the essential thing in Opium. Mix up your twenty ingredients in a crucible, and try to combine them by fire or water, or by any means in your power, and what will you obtain? Opium? No, indeed, you may produce some monstrous compound which will be as different from Opium as the inanimate carcass is from the living body. The Opium-principle or force, by assimilating to itself the molecular atoms of material nature, among which the above mentioned chemical products constitute essential ingredients, becomes embodied for our use in the opium-plant, the *papaver somniferum*, from which the Opium is obtained by means of certain simple processes which will be mentioned in the course of our lectures. It is this opium-force or essence which effects our cures of the pathological lesions to which it is homœopathic; in other words, which result from its own action upon the organic tissues.

In order to enable the dynamic principle of a drug to act with more positiveness, more directness and more specific intensity as it were, Hahnemann has resorted to two processes which our descendants will, I doubt not, regard as two highly important inventions in the domain of pharmaceutics. These two processes are: trituration and succussion. Before dwelling upon them more minutely, let me quote the opinion of a distinguished man in the natural sciences, I mean Professor Doppler of the University of Halle, who, in an essay, entitled "great and small," has felt called upon to vindicate the efficacy of small doses, without being at all anxious to say a kind word in favor of Homœopathy. He expressly declares that he does not write in behalf of a theory not connected with his own

peculiar branch of investigation, and that it was physicians of the old school who requested him to publish his views.

It is unnecessary to transcribe the whole of his interesting article; it may suffice for our present purpose to state, that according to Doppler, "the power of remedial agents may be measured by *extension of surface*, instead of being determined by weight as has been the fashion heretofore. By surface in the sense in which Professor Doppler understands this term, we do not mean the mathematical surface of a body, but the aggregate surface of all its molecular constituents in a state of absolute separation from each other. By separating these atomic constituents, the actual surface of a body may be increased from a square inch to several thousand square feet. This separation is best effected by mixing the pulverized substance with a sufficient quantity of sugar of milk, and afterwards grinding the mixture in a suitable mortar. Having effected an homogenous compound by this means, we mix a portion of it with an additional quantity of sugar of milk, and renew the process of grinding until another homogeneous product is secured. This proceeding may be continued until a complete separation of all the molecular constituents of the substance is effected. The trituration with sugar of milk is resorted to in order to prevent a reunion of the atoms by virtue of the attraction of affinity which their immediate contact with each other might excite."

In making these successive triturations, we shall find that electricity becomes developed on the surface of the atoms, endowed with such a high degree of expansiveness that metals and similar coarse bodies will not influence it. That this electricity is developed, may be ascertained very readily by any one who will make these triturations in the dark. After the first trituration, you see little of it; it becomes much more intense when making the second trituration, and still more so during the third. An electric light is readily perceived, and the crackling of a multitude of little sparks may be heard. In breaking up the atoms of liquid drugs, we use alcohol as an appropriate vehicle, and instead of triturating, we resort to the process of shaking, taking care to impart a number of powerful succussions, not simply one or two feeble, nervous agitations of the surface. In sending these molecular atoms through the organism by means of the capillary current, we bring the attractive force of each atom to bear upon the dynamic disease which pervades the tissues. It is the *dynamic* force of the drug-molecule that acts through the electric attractive power developed on its surface, and the effect of this influence is to convert the dynamic disease into so many atomic points as it were, which are perfectly harmless to the organism and are readily overcome by the vital reaction.

Nature and history furnish many proofs that very small bodies may produce great effects. Passional excitements may cause great disturbances of the physical organism. A sudden joy has caused death; anger has developed a dangerous attack of bilious fever, stupor; the news of a sudden fortune has made people mad; fear has caused and cured diseases. Boerhaave cured epilepsy which had become epidemic in the foundling-hospital of Leyden, by

threatining all those who should be attacked again, with a severe flogging,

A sudden fright has caused imbecility and death.

The sense of smell is so keen in a dog, that he discovers his master by the scent.

According to Bouchardat, fresh-water fishes die in water containing $\frac{1}{140000}$th of sublimate, or in $\frac{1}{800000}$th of the iodide of mercury.

Segin has discovered atoms of copper through a microscope magnifying seventy-five times; Mayerhofer has seen atoms of the eighth trituration of iron, of the tenth of platina, gold, silver, mercury, and of the fourteenth of tin. In order to avoid the possibility of a mistake, he first examined the atoms of the crude substance, with which the atoms of the triturations seemed to correspond perfectly.

Liebig writes: We know of animals with teeth, with motor and digestive organs that are no longer visible to the naked eye. There are other animals whose size has been found by measurement to be infinitely smaller, and which possess the same apparatuses. Like the larger animals they take food, and propagate themselves by means of eggs, that must necessarily be thousands of time smaller than their bodies. If we are unable to perceive creatures which are still billion times smaller than these, it is because our optical instruments are too imperfect.

Concerning distance the same author writes: "The multitude of worlds is infinitely large, it cannot be expressed in numbers; in one second a ray of light travels forty thousand miles; there are fixed stars whose rays require millions of years before they reach our globe."

Chemistry furnishes a number of striking illustrations of the power of small quantities. Starch and water are united into an entirely new body by Sulphuric acid which loses none of its properties in consequence; it effects this union by its mere presence, a process termed by chemists *Catalysis* or *action of presence*.

One part of hydrothionic acid gas is discoverable in three million parts of water by means of silver with a polished surface.

One millionth part of starch is rendered violet by iodine.

One eighty thousandth part of a grain of sulphuric acid is still discoverable by sugar.

Brande and Eveling state that one five thousandth part of a grain of arsenious acid is discoverable in five hundred thousand parts of water, after the lapse of twenty-four hours, by means of ammonio-sulphate of copper.

According to Poppe, $\frac{1}{240}$th of a grain of carmine tinctures sixty pounds of water; take $\frac{1}{1000000}$ of this solution and one drop of it, spread on white paper, will still show the color under the microscope. $\frac{1}{1024000}$th of sulphur reacts against acetate of lead; $\frac{1}{2048000}$th of chlore against nitrate of silver.

Spallanzani states that $\frac{1}{42240}$th of a grain of semen of frogs is capable of fecundating; viz.: three grains of semen dissolved in twenty-two pounds of water.

According to Professor Arnold of Heidelberg, a solution of $\frac{1}{10000000}$th of frog-semen is still endowed with powers of fecundation.

The greatest philosophers believe in the infinitely small.

Berzelius writes: We may progress in knowledge as far as we choose; we shall always stumble upon something that seems incomprehensible.

Professor Albers teaches that, "the comminuted dose is more readily received by the stomach, irritates much less the place where it first comes in contact with the organism, and hence acts more completely and more permanently than a massive dose."

Dr. Schulz expresses himself thus: The reception of drugs by the organism is the more rapid, the less the local absorbents are irritated by the drug, in other words: the smaller is the dose.

Panizza concludes from his experiments concerning absorption, that "small comminuted and easily soluble doses of medicine are more efficacious than large doses which pass off again with the excrements; the absorption of drugs takes place the more readily, the more soluble the medicines are, and the more they are divided and susceptible of assimilation."

It must be conceded, however, that all these quantities, small as they may appear, may still seem large in the presence of our infinitesimal doses. Think of the ten thousandth potency! Well may we exclaim with the great poet: "There are more things between heaven and earth than we have dreamed of in our philosophy."

It is impossible to determine the size of doses by a fixed, unvarying rule. There was a time when the great body of homœopathic practitioners was divided into two hostile camps, high and low dilutionists. The high dilutionists professed to practice a Homœopathy of a higher order; while the low dilutionists looked upon the former with a sort of pity, doubting, may be, their sanity. These opponents are now willing to treat each other with more respect and liberality, and a certain harmony of feeling and action might perhaps have been agreed upon, if the new marvel of the so-called highest potencies had not come to disturb the brethren.

Do these very high potencies act? It is my decided conviction that they do. But can they be depended upon in all cases? I unhesitatingly answer: No. In the course of my lectures I shall take every opportunity to enlighten you concerning the most appropriate dose of every drug; for the present I take the liberty of giving the general advice that, in the beginning of your professional career you had better confine yourselves to the first six potencies; in some cases you may use tinctures and the lower triturations; but in the vast majority of cases you will find the attenuations from the first to the sixth sufficient to effect a cure. Gradually, as you gain experience and confidence in yourselves, you may make trials with the higher and highest potencies in cases that seem adapted to their use.

As a general rule physicians use the higher and highest potencies in all chronic cases; the lower potencies are used more particularly in acute cases. Here too we may distinguish between the primary and secondary symptoms. While the primary symptoms prevail, a large dose is preferable to a smaller one which is more appropriate

during the secondary symptoms or the stage of organic reaction. In chronic cases attended with disorganizations, such as hypertrophy of tissues, abscess, effusion, and in certain kinds of miasmatic diseases, more particularly in all forms and stages of syphilis, massive doses of the appropriate drug are very often, and indeed most generally more efficient than small doses. Nevertheless you will find it unwise to adhere too dogmatically to any rule regarding the size of doses. You may undoubtedly incline to general principles; but it is best to do so cautiously, and with the reservation of modifying them according to the requirements of individual cases.

I am willing to admit very freely that the doctrine of potentization has been most sadly abused by a small number of homœopathic practitioners. On the other hand, however, I would ask you, gentlemen, to refrain from rushing into the opposite extreme of material doses. Have faith in Hahnemann's teachings regarding the dynamic force of drugs. How is it that allœopathic physicians, when making their first attempts in Homœopathy, turn to the despised globule with a sort of instinctive warning that it embodies a great and vital truth? I never knew of an allœopathic convert to our doctrines who does not fly from the contaminating materialism of the Old School with a perfect loathing. Yes, there is power in small doses; the lower potencies, from the first to the sixth, may be all-sufficient for practical purposes; but do not be afraid of investigating the doctrine of potentization as embodying principles which may, at some future period, reveal to us hitherto unknown forces of life.

Homœopathic physicians are not in the habit of using medicines externally; nevertheless we may resort to this method in some cases. Arnica is used externally in the case of wounds and bruises; the external use of Aconite frequently becomes necessary in severe forms of neuralgia. Many homœopathic physicians employ the Sulphur-ointment in the itch. In the course of my lectures, this subject will be dwelt upon more in detail. Let me here caution you, gentlemen, against the pernicious practice of allœopathic physicians to resort to the external application of drugs for the purpose of repelling an eruption, drying up some old sore, or burning away a chancre. Untold suffering has been entailed upon patients by rubbing mercurial ointment upon an acute nettlerash, or by drying up a chronic ulcer with lead-washes. Such diseases are internal maladies, the intensity and destructive power of which are tempered by the vital reaction through the development of these cutaneous symptoms. Close up these natural outlets of the internal disease, and you may develop incurable chronic ailments, asthma, paralysis, consumption and other disorganizing processes. On more than one occasion the drying up of an old sore by means of an astringent wash has resulted in fatal apoplexy.

Regarding the

ADMINISTRATION OF MEDICINES,

We may remark that various methods have been adopted by homœo-

pathic practitioners, agreeably to their respective tastes and judgments.

In the earlier periods of Homœopathy, Hahnemann and his disciples were in the habit of giving a single dose of the appropriate remedy dry on the tongue, and allowing it to act for a longer or shorter period, according to the requirements of the case. A dose consisted of one, two or more globules of the size of a mustard-seed. At a later period, Aegidi introduced the practice of dissolving four or five globules or pellets in from six to ten tablespoonfuls of soft water, which had to be perfectly free from all impurities. A tablespoonful, or a desertspoonful in the case of children, was administered every fifteen minutes, or every half hour, or even every hour, two, three or four hours, according as the symptoms were more or less acute, and the disease ran a more or less rapid course. This practice is the prevailing practice with the vast majority of practitioners. Many of our practitioners give the medicine in powders, mixing one or two drops of the required potency with a small quantity of sugar of milk, and dividing it into six, ten or twelve powders, one of which is taken by the patient, dry on the tongue, every hour, or every two, four, six or eight hours, according to the more or less acute or chronic nature of the case.

Another mode of administering homœopathic remedies is by olfaction. This process is not much resorted to by modern physicians. If employed, the emanations from the medicine should be sufficiently perceptible to impress the nervous system through the filaments of the olfactory nerve. This method should only be resorted to in purely nervous affections; we doubt whether it can be depended upon in acute inflammations, or in disorders of any kind which may terminate in dangerous disorganizations.

The process of inhalation has likewise been adopted by some homœopathic practitioners, more particularly in affections of the respiratory organs. The medicine is introduced into an inhaler, and made to act directly upon the pulmonary tissue and the bronchial lining membrane. A very excellent inhaler may be procured of Dr. Otto Fullgraff, New York, a representation and description of which may be found in the February number of the North-American Homœopathic Journal, 1856.

A good deal of metaphysical sophistry has been expended in former years upon the repetition of doses and the succession of remedies. After a dose of the medicine had been given, the effects had to be watched with scrupulous care, and any change in the symptoms, whether apparent or real, generally indicated a change of remedy. Modern homœopathists of experience and judgment change their medicines much less frequently than was the fashion with their predecessors, or is the fashion with some of their cotemporaries. We hear of physicians using four and even six medicines, not only in the same case, but at the same time, alternating them in regular order. This is undoubtedly a strange abuse, of which no intelligent practitioner who comprehends our law of cure, and is fully conversant with our therapeutic resources, will ever render himself guilty.

If in a case of pleurisy, pneumonia, meningitis, acute rhematism, or any other acute disease, a decided improvement sets in after one or two doses of Aconite or Belladonna, it would be very unwise to change the medicine, because the symptoms are less intense, or because some of the more acute and distressing symptoms have disappeared. The essential character of the disease may still be the same, and the same treatment, if continued in a modified form, may lead to perfect recovery. Instead of changing the medicine, we continue the same remedy at prolonged intervals; many a case of meningitis has been cured with Belladonna, many a case of typhus with Arsenic, many hundred cases of pleurisy or pneumonia with Aconite, without the employment of any other medicine. In chronic cases the medicine may be repeated every twenty-four hours, or even every two or three days. There are chronic diseases, however, where it may be proper and necessary to give the medicine every six or twelve hours, and even more frequently. In some forms of chronic dyspepsia, it may not be out of the way, to repeat the dose every six hours; in primary syphilis the specific remedy may sometimes be repeated with advantage every four hours; even in the secondary and tertiary forms of this disease, a dose of the appropriate remedy may be given every four or six hours.

In chronic diseases we generally confine ourselves to one remedy at a time. The method of alternating two medicines at regular intervals, is generally resorted to in acute cases only. We may alternate Aconite and Belladonna, or Aconite and Bryonia, or Aconite and Phosphorus, Belladonna and Nux, Phosphorus and Arsenic, etc. It should be remarked, however, that, in many cases, this method of alternation is an expedient shift rather than an usage necessitated or justified by principle.

Luz, the inventor of the isopathic system of treatment, has proposed in a late publication to mix the remedies instead of alternating them. He asserts that Hahnemann, in a letter addressed by him to Luz, and published in the above mentioned work, sanctioned the proposition of mixing medicines, and that Hahnemann's views concerning this subject would have been published in the last edition of the Organon, if the physicians to whom the publication of this edition was confined in Germany, had not left them out by a management of their own, Be this as it may, it is very doubtful whether Hahnemann, in the full enjoyment of his mature judgment, would have authorized this new-fangled polypharmacy; on the other hand it is equally certain that he would have visited with the severest condemnation the practice of using three or four medicines in the same case simultaneously at regular intervals.

It remains now to give a short description of the utensils which are required for the business of making homœopathic preparations; and afterwards to indicate more specially the method which has been adopted by Hahnemann and by modern homœopathic pharmaceutists generally, of making homœopathic preparations.

The utensils of which we make use in preparing homœopathic tinctures, essences, triturations and liquid attenuations, are:

1. *Mortars.*

An iron mortar which is to be perfectly smooth on the inner surface, and which should be kept polished constantly; and mortars of white marble with hard pestles. The marble mortars should not be glazed within; the pestles may have wooden handles to which an elongated, and evenly rounded extremity of unglazed marble should be attached.

2. *A Cutting Machine.*

For the cutting of roots and herbs, a well-polished knife should be used, which has to be free from rust. Rust decomposes a great many vegetable juices instantaneously. The boards and blocks upon which the plants are cut, should be cleansed immediately after being used. An excellent contrivance for such purposes is a very simple machine, where the knife is worked up and down with a handle between four uprights; a similar instrument is used for cutting tobacco leaves.

3. *A Press,*

For the purpose of pressing out the juice of plants, etc. An excellent instrument for this purpose is the press contrived by Messrs. Bullock & Crenshaw of this city, for our pharmaceutists. It consists mainly of an iron screw with an iron handle attached to it. The plant having been previously cut in small pieces, is enclosed in a linen bag perfectly free from starch and bleaching materials, and, enclosed in this bag, is subjected to the action of the screw. The juice collects in a tin pan which is provided with a convenient opening at the side for the purpose of allowing the juice to run into a suitable vessel. After using the screw, the pan and screw should be thoroughly cleansed; no bags should be used for two different substances.

4. *Vials.*

All vials which the homœopathic physician has to use in his practice, should be rinsed in hot, and afterwards in cold water; after which the vials are turned upside down, so as to enable the water to run down the sides of the vial; before using these vials, they should be dried in a hot oven. These remarks likewise apply to the bottles and jars in which the medicines are to be kept.

5. *Corks.*

The corks with which the vials are closed, have to be selected with great care; all hard, porous and dark-colored corks have to be rejected. As soon as the corks shrink or become soft, they should at once be replaced by new corks having the requisite qualities for use. Vials containing corroding acids, should be provided with

ground-glass stoppers. Vials containing substances which are liable to being altered by the action of the light, have to be pasted over with dark-colored paper.

6. *Alcohol.*

This product of fermentation may be obtained from wine, beer, cider, malt, dregs of grapes, sugar-cane, germinating cerealia, pounded cherries, molasses, juice of carrots or beets, potatoes, honey, etc. The alcohol of the shops is never pure; chemical alcohol, obtained from the resin of jalap for instance, is not suitable for our preparations; if made from potatoes, it contains fusel-oil, an empyreumatic oil, which may be removed by shaking the alcohol with pure olive-oil for several days; the two oils combine and float on the top, after which they may be easily removed.

Pure anhydrous alcohol is a colorless fluid, having a sweet and penetrating odor, and a burning and pungent flavor; it must not lather when rubbed, and have no foreign odor; it dissolves perfectly in water, evaporates by exposure to the air, on account of its affinity for atmospheric moisture. It burns with a white flame at the centre, and blue at the edges, leaving no residue. Alcohol dissolves many substances, phosphorus and sulphur in small quantities, fixed alkalies, balsams, resins, camphor, sugar, volatile oils, extractive matter, etc.

Acids are either dissolved by alcohol or transformed into ether.

Anhydrous alcohol of one hundred degrees, is never used; there is always water in the alcohol of the shops. We have 1, the alcohol of commerce; 2, rectified alcohol, also termed diluted alcohol, containing about sixty per cent.; 3, best rectified or strong alcohol of seventy-five to eighty degrees; and 4, absolute alcohol from ninety-six to one hundred degrees.

Sœmmering has contrived a very simple process of freeing alcohol from the watery particles it may contain. Taking advantage of the fact that alcohol has no affinity for animal tissues, he cleans a pig's bladder from its adhering fat and impurities, and having tied the orifice of the bladder to a glass tube, he distends it with air to its full size and then hangs it up to dry, having previously stopped up the opening of the glass tube by means of a cork. The bladder being perfectly dry, a thin layer of glue is spread over it, in order to preserve it from injury and to give it more consistence. The bladder is then filled with alcohol, the cork is removed from the tube, and in its place a piece of wet bladder is tied over the opening of the tube. The bladder being exposed to the ordinary heat of a stove, the watery particles will evaporate in the course of a fortnight, and the strong alcohol will remain behind. It is advisable to distil this alcohol over charcoal before using it.

7. *Water.*

Common water is always impure, charged with gases, earthy matters, etc. Pure water should be without taste, smell or color.

Rain-water, after a storm, contains ammonia with nitric acid. Before using water, it should be distilled by a careful homœopathic pharmaceutist, unless the physician prefers doing it himself.

8. *Sugar of Milk.*

This is obtained from the serum of cow's or goat's milk by evaporation. It crystallizes round a thin stick in elongated tubular masses. The sugar of milk of the shops not being pure, we crystallize it over again by first boiling it over a moderate fire, with double its quantity of distilled water, after which we proceed as follows according to Grüner's directions: Filter the hot solution through filtering paper over which a piece of perfectly white and clean linen is spread, into an earthen vessel containing as much strong alcohol as water had been used in boiling. As soon as the two liquids come in contact, the sugar is precipitated in the shape of small pointed crystals which partly accumulate at the bottom of the vessel, and partly are deposited on its sides in the shape of a solid coating. After the liquid is all filtered and before the vessel is set aside for cooling, the liquid is stirred with a clean wooden stick, in order to obtain a perfectly homogeneous mixture. In a few days the liquid which floats over the crystals, is poured off, the crystals are separated from the sides and bottom of the vessel, washed with cold, distilled water, spread out in thin layers upon clean paper over a sieve, and lastly dried by exposing them to a moderate heat. The dried crystals are pulverised in a mortar, and the powder is afterwards passed through a fine sieve. The finest part of the powder is used for putting up powders; the coarser part is used for triturations.

Sugar of milk should be kept in a dry, well-ventilated room, in well-closed glass jars.

9. *Globules.*

The globules we use, are of various sizes; they are composed of sugar and starch, and should be perfectly white, dry and hard.

TRITURATIONS AND LIQUID ATTENUATIONS.

According to Hahnemann, the triturating process should be carried on in the manner described in the first volume of the Chronic Diseases. Hahnemann was exceedingly particular in his instructions, how triturations and afterwards liquid attenuations should be made; I will give you the substance of his remarks from a work which I published some years ago. Specific directions will be communicated when we come to treat of the various substances composing our Materia Medica.

Of the substance to be triturated, we take one grain and mix it in an unglazed mortar with thirty-three grains of sugar of milk. Stir the mass with a spatula and then triturate for six minutes.

Scrape up the mass that adheres to the bottom and sides of the mortar and to the pestle, for four minutes, and then triturate again with great force for six minutes. Then scrape up again for four minutes, add another thirty-three grains of sugar of milk, stir the new compound with the spatula, triturate for six minutes, scrape up again for four, triturate again with great force for six, scrape the mass up again for four minutes, and then add the last thirty-three grains of sugar of milk, proceeding with this last portion as with the two former. This powder we enclose in a well-corked vial, marking it with the name of the drug and the fractional number $\frac{1}{100}$ to show that this is the one-hundredth potency of this substance.

From this first trituration we obtain the second marked $\frac{1}{10000}$, by triturating one grain of it with ninety-one grains of sugar of milk in the same manner as has been described in the previous paragraph.

In a similar manner the third trituration marked $\frac{1}{1000000}$ or I. is obtained from the second trituration.

From this third trituration we obtain the fourth potency by mixing one grain of the triturated substance with fifty drops of distilled water, shaking the mass vigorously for a few minutes, and afterwards adding fifty drops of strong alcohol, after which the whole mixture is again shaken vigorously for a few minutes. The vial should not be filled more than two-thirds.

This vial is marked with the name of the medicine and the number ^{100} I. Of this potency we take one drop, mixing it with ninety-nine drops of strong alcohol and shaking it vigorously a number of times. This is the fifth potency marked ^{1000} I. Of this potency we take again one drop, mixing it with ninety-nine drops of strong alcohol, shaking the mixture vigorously and marking it II. The subsequent potencies are prepared each from the one which immediately precedes it; they are to be marked in a similar manner, ^{100} II. for the seventh; ^{10000} II. for the eighth; III. for the ninth, etc.

Vials having been used for one medicine or potency, should not be used for any other.

After triturating a drug for a long time, a portion of the triturated substance will sometimes adhere to the sides of the mortar so firmly that it cannot be washed off; in such a case it will be necessary to scour the mortar with fine sand and afterwards to dry it in a hot oven; this will likewise remove the odor that may have remained behind.

Hahnemann was in the habit of using globules for his prescriptions, which had been previously moistened with the respective potencies. He generally poured two or three drops upon two hundred globules enclosed in a vial; and after shaking and rolling them about until every globule was saturated with the liquid, he spread them upon a piece of white unglazed paper, with the edges raised, and left them for a few hours until they were perfectly dry, after which he put them up for use in a fresh vial. One or two globules were given at a dose, or half a dozen globules were dissolved in a tumblerful of water, of which mixture a tablespoonful was administered every hour, or two, three or four hours according to the requirements of the case.

These details, gentlemen, may seem somewhat pedantically minute, but I am satisfied that the true method of securing good homœopathic preparations, is to follow Hahnemann's rules as closely as may be possible and convenient. Instead of adding at once the whole quantity of sugar of milk, we obtain a much more certain and perfect commingling of the medicine with the sugar of milk by pursuing the course pointed out by Hahnemann.

The details of the mode of preparation proposed by Hahnemann, have been somewhat modified by our pharmaceutists. Though it is acknowledged by all that trituration is the best mode of developing the medicinal powers of a drug, and that the triturating process should be conducted with the greatest care, order and regularity; yet it has not been deemed necessary to observe the details in the very same manner as they have been proposed by Hahnemann. It has not been deemed derogatory to the scientific character of Homœopathy to modify the number of minutes which Hahnemann prescribes for the various details of the process, or to increase the number of shakes in preparing the dilutions. Moreover the proportion of the ingredients in making our preparations, has been considerably modified. Instead of taking one grain or one drop to ninety-nine grains of sugar of milk, ten grains of the drug are taken, to ninety grains of the vehicle. I would here observe in passing, that by vehicle is always to be understood the non-medicinal substance with which the medicine is triturated or shaken in combination. Hahnemann's scale is called the centesimal, and this new scale is designated as the decimal scale. I believe that the decimal scale is now more generally used by homœopathic practitioners than the centesimal.

Grüner, who is one of the most distinguished pharmaceutists of our school, adopts the decimal scale in preparing the triturations and liquid attenuations; in his pharmacopœa he gives the following directions:

"Weigh carefully a portion of the drug, add to it an equal portion in weight of powdered sugar of milk, (using the coarser kind for firm or tenaceous substances,) and triturate these ingredients in a mortar of sufficient capacity, until both have been transformed into a homogeneous mass as respects color and fineness. Every now and then, the substance which adheres to the sides of the mortar and to the pestle, should be scraped off with a horny spatula. The homogeneous character of the preparation will, in a great measure, depend upon the fulfilment of this condition."

"It is impossible to limit the duration of this first period of the triturating process by a general rule. This depends upon the greater or less degree of solidity of the drug. In every case, however, it should be continued for at least half an hour. Such substances as Lycopodium require several successive triturations, before their particles are entirely broken up. After the first trituration is terminated, and the drug-particles and those of the sugar of milk are sufficiently intermingled, a second portion of sugar of milk, being equal to three times the quantity of the former, is added, and the trituration is continued for another half hour, including the scraping; after which

the last portion of sugar of milk, equal to five times the quantity of the first portion, is poured into the mortar, and the triturating process continued until the whole mass presents a perfectly homogeneous compound, even when viewed through a glass. This compound will necessarily weigh ten times as much as the original drug. It is called the first trituration and designated as No. 1.

We now take a certain portion of this trituration, add to it nine times its weight of sugar of milk, and triturate these two substances together for three quarters of an hour in the manner described above. This second trituration is designed as No. 2. From this second trituration we derive the third by a similar process.

Before commencing to triturate, care should be had to dry the vessels, drugs and sugar of milk as perfectly as possible, and moreover, to divide hard and tenacious substances as finely as may be. The dividing of the metals will be explained more in detail when we come to speak of the different metals. Salts, precipitates and the like should first be reduced to a fine powder. The same observation applies to vegetable substances."

The fourth dilution of the decimal scale is obtained by first dissolving ten grains of the third trituration in the same quantity of water as was originally used for one grain of the centesimal scale of Hahnemann; and after shaking the two together until the sugar of milk is dissolved, add a similar quantity of alcohol, and shake the whole mass until a perfect union of all the particles is established. This fourth attenuation, if it is prepared for immediate use, may be prepared by means of water, without any alcohol. Of course it could not be made to keep. But even with the alcohol it is preferable to use the fourth attenuation only as a means to obtain the succeeding attenuations. If the fourth dilution is obtained with water, the next attenuation should be made with dilute alcohol, and after that, strong alcohol should be used for all succeeding attenuations.

Before commencing the attenuations, as many vials, containing about two drachms each, should be prepared, as attenuations may be required; they should be corked and the names of the medicines and the potencies should be marked on the corks. Labels exhibiting these names and potencies, should likewise be pasted on the vials. Afterwards each vial should be filled with ninety-nine, or, if we prepare our medicines according to the decimal scale, with ninety drops of alcohol. In order to avoid superfluous repetitions, we will suppose that the decimal scale is followed throughout. Into the vial marked No. 1, ten drops of the medicine should then be dropped, and the vial should be vigorously shaken by means of a dozen or more powerful strokes of the arm.

From this first vial we fill ten or twenty drops into the next following, and prepare this dynamization in a similar manner by shaking the vial. And so on through the whole series.

You will understand from these remarks, that in order to make reliable attenuated preparations, you require to use,

1. Dry and fine sugar of milk;
2. Pure, distilled water;
3. Alcohol free from all admixtures;
4. Sound corks and perfectly clean vials, and

5. Cleanliness, accuracy of measurement or weight, and the most systematic regularity in working with your materials. Do not be triturating for ten or fifteen minutes, and then leave off for a few hours or more, leaving your mortar standing on the table, exposed to dampness, dust and other impurities. If you commence a trituration, go through with it, until it is bottled up and put away in its proper place. It is a great treat for a homœopathic practitioner who can spare the time, to make his own preparations; if it were known how bunglingly some of our preparations are made at the shops, nobody would wonder that our higher attenuations seem inefficacious.

Soluble salts, ethereal oils, and similar substances, instead of being triturated, are dissolved in water from the first. By triturating them, their constituent elements would be partially disunited, and many of them exercise a decomposing influence upon sugar of milk, as may be inferred from the sourish odor emitted by such preparations after the lapse of several months.

Salts are dissolved in pure water, ethereal oils in the strongest kind of alcohol. The decimal scale may be preserved with most of them. Some salts, for instance the nitrate of silver, have to be dissolved in the proportion of five to ninety-five, that is, five parts of the salts in ninety-five parts of distilled water. This preparation is marked one-twentieth which indicates the proportional relation of the drug to the vehicle. To obtain the first dilution, we take twenty parts of the above preparation and mix them with eighty parts of alcohol; the second and all successive attenuations are made in the proportion of one to ten. These attenuations should each be well shaken by means of vigorous strokes of the arm.

The following precautionary rules should be observed in preparing the solutions of salts:

1. These solutions should be prepared at an ordinary temperature, and the room where they are kept, should not be subject to variations of temperature, so that the crystallization by cold may be avoided.

2. In order to prevent any possible decomposition, the solution should not be exposed to the light of day.

3. The liquid should only be used as long as it remains perfectly clear and transparent; it should be thrown away as soon as it becomes dim, or borders, flocks or crystals show themselves.

4. Only corks of the best quality should be used for solutions, since corks used for solutions decay more readily than corks used for the alcoholic attenuations.

5. To obtain the second attenuation of these solutions, dilute alcohol should be used; the third and all subsequent attenuations should be made with strong alcohol.

TINCTURES AND ESSENCES.

The preparation of tinctures and essences varies in accordance with the constituent particles and chemical composition of the

plants. For the present I shall only give you the general rules to be followed in making the tinctures. If any particular rules should have to be observed as regards the strength of the alcohol to be used, and the like, they will be indicated when we come to speak of each plant in particular.

All the plants from which tinctures are prepared, are arranged by Grüner in three classes, corresponding with the different modes adopted for the preparation of tinctures.

In the first class we range all barks, roots, seeds, leaves, etc., which are preserved and prepared in a dry state.

The second class contains all those fresh plants, the juice of which can be obtained in a sufficient quantity by squeezing it out by means of a good press.

The third class numbers all such recent plants as contain so little juice that only a very small quantity can be obtained by simple pressure.

The best method of obtaining a strong or, as it is termed, a concentrated or saturated tincture from dry plants, is to first pulverise them as finely as may be, and then transform this powder into a fine paste by adding a little alcohol. This should be done in a room having a normal temperature, nor should the mass be exposed to the decomposing agency of the solar rays. Upon this paste we pour the required quantity of alcohol, and allow the liquid to stand for a fortnight. We must take care to keep the vessel—which contains the liquid, closed with a piece of wet bladder; once a day, or morning and evening, the vessel should be vigorously shaken. After the lapse of a fortnight, the liquid is poured off, and the residue subjected to a press; we allow the extract to settle for twenty-four hours, after which period we filter it through white blotting paper, and then put it up for use. This method of preparing a concentrated tincture, is termed maceration; and such tinctures are denominated by homœopathic physicians mother-tinctures, for the reason that the subsequent attenuations are made from them. For some of these tinctures strong alcohol is required, and for others dilute alcohol; in treating of the separate drugs, the kind of alcohol which is to be used, will always be indicated. Particular rules will never be omitted, if special mention of them should be necessary.

In the Second Class, we number such plants or parts of them as contain a sufficient quantity of juice to be squeezed out by means of a good press. Before pressing out the juice, the plant should first be cut in small pieces, which we subject to the action of a screw, tied up in a perfectly clean linen-bag free from all bleaching materials. This mechanical pressure being insufficient to obtain all the efficacious constituents of the plant, especially the volatile and resinous parts: it is indispensable to subject the residue to the action of strong alcohol. We take a quantity of alcohol equal in weight to that of the obtained juice, and *no more*, even if the residue should not be entirely covered by the alcohol. The juice which was obtained in the first instance by pressure, is kept in a lightly-covered vessel in a cool cellar, away from the light. After the lapse of twenty-four or thirty-six hours, before this juice has had time to ferment, the

alcoholic residue is again subjected to pressure, and the tincture thus obtained, after the second pressure, will be found to contain the larger portion of the extractable matter, as may be inferred from the taste, smell and color of this extract. This extract is mixed with the juice previously obtained. After the mixture has been allowed to settle for several days, it is filtered and kept for use. Tinctures obtained in this way, are often termed essences, though the name tincture is generally applied to all alcoholic extracts whether obtained from dry or recent plants.

Plants belonging to the Third Class, contain so little juice that only a very small quantity of it can be obtained by pressure. In order to prepare a saturated tincture from these plants, we first cut them up in small pieces, and then add double their quantity of strong alcohol in weight. We macerate for one fortnight precisely as for tinctures of the first class; after which the liquid is drawn off, the residue is subjected to pressure, the whole of the extract filtered through white blotting paper, and the tincture thus obtained is put up in appropriate vessels for use. Our Thuja, or so-called arbor vitæ, belongs to this third class. As regards the

Selection of Plants,

We have to be careful; roots may seem sound and yet be worm-eaten; seeds may seem sound and yet be altered within; all heterogeneous particles should be carefully removed.

Wild Plants

Are preferable to those which are grown in gardens; they may be obtained dry, but no volatile particles must get lost. Foreign plants may be sent to a distance, after being previously cut up and preserved in alcohol.

Have regard to the locality of a plant; the luxuriant, tall and juicy appearance of a plant is no guarantee for its possessing the highest quantity of medicinal virtue; nor should plants which prefer a dry soil and much sun, be gathered from a damp and shady locality, or vice versa.

None but sound and regularly formed plants should be used; all distorted, half-dried, decayed or otherwise injured plants should be rejected; nor should old plants be used which have become woody by age.

All plants should be perfectly clean; they should not be washed, but the dirt may be brushed off.

The plants should not be infested by insects.

They must not be gathered during the morning-dew or after a shower; they must not be closely packed, nor carried about in the hot sun.

One species must not be confounded with another; most of our plants have different species. We have several species of Aconite, Bryonia, etc.; and we should use the species that has been proved.

LECTURE VI.

THE method which I propose to adopt in endeavoring to present to you the vast subject of our Materia Medica in a simple, attractive, comprehensive, and instructive manner, seems to me dictated by the very nature of the subject which we are going to consider. Our Materia Medica contains a very large number of drugs of much less importance than many others the importance of which can scarcely be sufficiently appreciated. We possess some twenty-five medicines which are so frequently and so universally used, that Hahnemann has given to them the name of *polychrests*, or many-healing remedies; remedies possessing the power of healing many diseases.

Next to these we possess a number of drugs the therapeutic range of which is well defined, but limited, extending only to a small number of pathological lesions. A third class comprises drugs imperfectly proved, which, if used at all, are used empirically. We may adopt a fourth class consisting of drugs which are merely known to us by name and are as yet of little if any practical value.

I shall devote the first half of our course to giving you a thorough knowledge of our polychrests. This knowledge will serve you as a rallying-point, a central column, as it were, round which the other drugs of less importance and of a much smaller therapeutic range will afterwards cluster with ease and without producing any confusion.

Among the polychrests, the first and most important medicine which claims our attention, is

ACONITUM NAPELLUS.

This medicine constitutes the back-bone, as it were, of our Materia Medica. In analyzing the effect of this heroic agent upon the living organism, I shall be enabled to show you that there is hardly an acute disease where this medicine is not required more or less. Even in many chronic diseases Aconite may prove an useful, yea an indispensable agent. The English name of this plant is wolf's-bane and also monk's-hood; wolf's-bane because it proves exceedingly poisonous to wolves; and monk's-hood because the beautiful blue flower of this plant resembles the hood which monks used to wear, and which our ladies now wear when going to parties or to the opera.

This plant was known to the ancients, for we find its name mentioned by Theophrastus, Dioscorides and Plinius. These ancient authors inform us that the extraordinary poisonous properties of this plant were attributable to its origin; they supposed that this plant had been created by Hecate, the goddess of the infernal regions; according to another myth it arose from the froth of Cerberus, the monster-dog that watched at the gate of Hell. All that the ancients knew of this plant was, that it was very poisonous. It was not until the year 1524 that Matthiolus, physician to Pope Clement VII., in-

stituted the first experiment with this plant with a view of investigating its poisonous qualities.

On account of the beauty of its flowers and leaves, we cultivate this plant in our gardens as an ornamental shrub. We prepare a tincture and an extract from this cultivated plant. It is possible that, in the course of time, these cultivated medicinal plants may have to be used exclusively, the natural plants failing us or becoming too expensive for importation. If these embarrassments should arise, we may suppose that, with a more cultivated state of our medicines, the diseases for which they seem designed, will likewise manifest themselves in a more tractable, a more civilized form.

This plant belongs to the family *Ranunculaceæ*, a family of plants characterized by acrid properties. It attains a height of from two to three feet, has a glabrous or smooth stem which is moreover ramose or full of branches, and cylindrical; the leaves are green and shining, petiolate, (endowed with leaf-stalks,) incised, having five or six lobes, linear, (by which we mean narrow and flat lobes, having parallel margins,) expanding at the upper extremity and marked with a line. The plant has beautiful blue flowers in long terminal spikes, forming racemes with sessile flowers. The root constitutes a rhizoma or root-stock resembling a small turnip. Hence the surname napellus, from napus which is the Latin for turnip. The generic name *Aconitum* is supposed to be derived from the Greek word *akonæ* which signifies "rock." The plant is a native of the mountainous regions of the north and middle of Europe, Jura, Germany, Switzerland, the mountains of Tyrol and Bohemia, etc.

Linné states that horses eat the dry leaves of napellus without injury. Dogs, wolves, cats and rats are killed by this plant.

We have several species of Aconite the principal of which are Aconitum napellus, neomontanum, cammarum, ferox, variegatum, etc. Opinions, as to what species Hahnemann used in his provings, have differed. It seems generally conceded, however, that it was the species napellus, though this is not very material; for, according to the late experiments of Professor Schroff of Prague, which were conducted with the most exemplary devotion by himself and his disciples, the different species of Aconite are all poisonous, though not equally so. There seems to be no difference whatever between the poisonous properties of neomontanum and napellus, and it is almost certain that it is these two species that were used by Hahnemann, and by his predecessor, Baron Stœrck.

I have found that an excellent way of becoming acquainted with the therapeutic properties of a drug, is to obtain a thorough knowledge of its toxicological effects from cases of poisoning. Many of these cases exhibit the characteristic virtues of a drug in striking, well-marked, unmistakeable and impressive characters, and, of course, delineate the pathological lesions to which such a drug applies as a homœopathic remedial agent, with corresponding distinctness and accuracy. Let us then review some of the most important cases of poisoning by Aconite which we find recorded in our treatises on Materia Medica and Toxicology, and apply them as instructive lessons to the study of therapeutic science. In reviewing these cases,

it is immaterial whether we observe a strictly chronological order. This would oblige us to first describe the experiments of Richard and Matthiolus. But the object we have in view of investigating the therapeutic properties of Aconite, permits us to commence our examination of this agent with a few interesting cases of recent date, the first of which is related in the July number of the Medico-Chirurgical Review, 1844.

First Case.

"A boy ate some of the leaves instead of parsley. Two hours after, he complained of a burning sensation in the mouth, throat and stomach, followed by swooning and death. A post-mortem inspection showed that the cerebral vessels were enormously distended with a dark-colored fluid; a deep inflammatory blush extended over the whole mucous surface of the stomach, with dark-colored patches."

From this case we may learn a useful lesson regarding the therapeutic use of Aconite. The symptoms show that a most violent congestion of the brain had taken place and that death may have resulted from this cause. The acute congestions caused by Aconite, are the result of the paralyzing action which this poison exercises upon the capillary nerves. We find moreover all the symptoms of acute gastritis, such as might result from exposure to a cold, to draughts of air, retrocession of the perspiration, or even from indigestion. Hence for

Acute congestion of the brain not resulting from typhus or from some other primary disease of the cerebrum, but from a depressed condition or an inability of the capillary nerves to apply the necessary amount of harmonious, contractile and expansive energy to the tissue of the capillary vessels: I repeat, in all such congestions of the brain, even when assuming this most violent form termed apoplexy, Aconite may be a most important and efficient remedy. The same may be said of

Acute gastritis, when of a purely inflammatory or rheumatic character, where the disease is characterized by burning heat in the stomach, vomiting of bile, mucus or blood, and high fever. In such attacks, Aconite will be found a powerful means to strike down this dangerous invader.

Regarding the dose, I would remark that in acute congestions of the brain, and in rheumatic gastritis or gastritis from indigestion, I do not hesitate to give half-tablespoonful doses of a mixture of one drop of the tincture of the root in ten tablespoonfuls of water, repeating the dose every hour or even half-hour as the case may require.

Second Case.

Another interesting case of poisoning by Aconite, is reported in the Dublin Medical Journal, 1842.

"A young man ate the leaves of Aconite by mistake. Two

minutes after eating the leaves, the patient experienced burning heat in the mouth, throat, gullet, and stomach, with sensation of swelling of the face, general feeling of numbness and creeping of the skin, restlessness, dimness of sight, stupor and partial insensibility and death."

This case again shows that Aconite has a powerful effect upon the cerebral and ganglionic system of nerves, and through it upon the capillary vessels.

One of the most constant and most characteristic effects of Aconite is to cause a burning sensation or even a burning pain in the mouth, throat, œsophagus and stomach. In

Angina faucium and in *quinsy sore-throat*, where this burning is a very common pathognomonic symptom, Aconite will prove an invaluable remedy. In severe forms of

Heart-burn this burning sensation along the œsophagus, accompanied with acrid risings, is a very common symptom. The first or second attenuation prepared from the tincture of the root, is a capital remedy for it. In

Dyspepsia, burning in the pyloric region very often torments patients. I know from abundant experience that in very many cases of this kind, Aconite, first or second attenuation, is preferable to Arsenic or Carbo. In severe forms of dyspepsia, this burning is not only felt in the pyloric region, but it likewise invades the region of the heart. From the depressing action which Aconite exercises upon the bilious secretions, as we shall see in our subsequent lectures, I infer that this burning is occasioned by bile, which, carried along by the capillary current, is enabled to act upon, and irritate in certain localities, the terminal filaments of the ganglionic system ramified over the mucous surfaces. In

Neuralgia, this burning sensation often calls for the exhibition of Aconite. In a case of neuralgia of the stomach, where this burning was most agonizing, as if a red-hot iron had been bored through the stomach, the patient was completely relieved in the space of half an hour by taking a spoonful of one drop of the tincture of the root in a tumblerful of water every five and ten minutes.

In the case before us, the presence of cerebral congestion is fully revealed by the sensation as if the face were swollen, by the dimness of sight, the stupor and partial insensibility.

The accompanying sensation of numbness and formication is generally experienced by patients previous to an apoplectic or paralytic stroke. Hence we infer that Aconite is a great remedy in true

Apoplectic Conditions of the brain, and we have an abundance of clinical proof confirmatory of this fact. If a patient complains of pricking, creeping and burning in the extremities, accompanied by a sense of heaviness, numbness, sluggish or irritated pulse, and by the above-mentioned symptoms of cerebral derangement, do not hesitate to give a drop of the tincture or a few drops of the first attenuation in eight tablespoonfuls of water, a dose every five or ten minutes, until decided symptoms of reaction have set in. By this treatment you may avert paralysis, and perhaps apoplexy.

Third Case.

Pereira relates the following cases of poisoning by Aconite, in his "Elements of Materia Medica:" "A man, his wife and child, ate some roots at dinner by mistake for horse-radish. The greater portion was eaten by the man, at about two o'clock in the afternoon. Three-quarters of an hour after eating the roots, the man complained of burning and numbness of the lips, mouth and throat, which soon extended to the stomach, and was accompanied by vomiting of his dinner and afterwards of a frothy mucus. His extremities were cold, but his chest was warm; his head was bathed in a cold sweat; his eyes were glaring; there was excessive trembling and violent pain in the head; the lips were blue; there were no spasms, cramps or convulsions; his breathing was not affected; he died apparently in a fainting state about four hours after dinner.

"The woman was similarly affected: the same burning and numbness of the lips, mouth, throat, stomach; violent vomiting; curious sensation of numbness in the hands, arms and legs; she lost the power of articulating; her attempts to speak were attended with unintelligible sounds only; she experienced great muscular debility, was unable to stand; some of the external senses were disordered; though her eyes were wide open, her sight was very dim, and surrounding objects were seen indistinctly; sensibility greatly impaired; face and throat almost insensible to the touch; she was very dizzy, but neither delirious nor sleepy; body and extremities cold; she frequently pulled her throat, but knew not why; five or six hours afterwards she began to recover.

"The child was similarly, but slightly affected: like the others, she was constantly putting her hands to her throat."

This case of poisoning likewise yields a good deal of valuable instruction to a homœopathic physician. Let us analyze the physiological character of these symptoms, and range them in parallel lines with the pathological conditions to which they point.

In the case of the man we have several interesting symptoms: first, the burning which large doses of Aconite always cause in the mouth and fauces; next we have vomiting of frothy mucus and symptoms of violent cerebral congestion, which seems induced by capillary torpor; the symptoms indicating this congestion are: blue lips, profuse secretion of cold sweat about the head; violent pain in the head. Another important symptom is the trembling of the head, which shows that the nervous equilibrium of the supporting muscles of the head must have been considerably disturbed. This trembling of the head is worthy of notice, for we shall afterwards find that Aconite is one of our great agents for the cure of chorea, spasms and tetanic convulsions. This case likewise affords evidence of the depressing or paralysing action of Aconite upon the heart; the fainting and coldness of the extremities bear witness to this relation of Aconite to the central organ of the circulatory apparatus.

In the case of the woman we have striking evidences of the paralysing action of Aconite upon the capillary system of nerves. This case shows, for instance, that Aconite is capable of paralysing the

organs of speech; we find likewise incipient paralysis of the lower extremities, incipient paralysis of the sense of vision; this paralysing action had even invaded the sphere of sensations, for we are told that sensibility was greatly impaired, and that her face and throat were almost insensible to the touch. We are told that she was dizzy, but neither delirious nor sleepy, from which we may infer that, inasmuch as her consciousness seemed to have remained unimpaired, the Aconite had simply induced a state of purely nervous irritation in the brain, without any of those violent congestive conditions which terminated fatally in her husband's case; an irritation giving rise to a condition described as nervous vertigo.

Aconite induces a sense of constriction or strangulation in the throat; these symptoms, accompanied by a want of sensibility in the part, account for the fact that both mother and child were continually pulling at and feeling about the throat. These symptoms lead us to infer that Aconite is a curative agent in

Paralytic conditions, in

Pure and simple *irritations of the cerebral nerves,* and in

Spasmodic affections of the throat, among which we may class that peculiar spasm of the glottis to which children are liable and which is described by pathologists under the name of *asthma millari.*

So far we have seen that Aconite may be resorted to as a powerful remedial agent in the treatment of acute congestions of the brain; apopletic conditions of the brain; rheumatic gastritis or gastritis from acute indigestion; heartburn; dyspepsia; neuralgia characterized by burning pain; paralytic conditions of the heart characterized by collapse or extreme sluggishness of the pulse; loss of sensation from paralysis of the sentient nerves, nervous vertigo. We shall now turn our attention to another case of poisoning which will enable us to increase this list of morbid affections quite considerably.

Fourth Case.

In the year 1524, on the 15th of November, Claudius Richard gave one-eighth of an ounce of Aconite-root to a criminal condemned to death. It was the fashion in those times to experiment upon criminals with unknown poisons whose virtues some prominent physician wished to investigate. If the criminal outlived the experiment, he recovered life and liberty as a reward for his boldness. In the present case, the experiment was made in order to test the antidotal virtues of *bezoar,* a calculous concretion found in the fourth stomach of the gazelle of India; it was supposed to be an irresistible antidote to poisons, and was so named from *pa,* (against,) and *zahar,* (poison.)

"Immediately after taking the poison, the man complained of the following symptoms: oppression on the chest; pain in the stomach; obscuration of sight, with dizziness: no alteration in the pulse; he became very feeble and called for help. Five grains of bezoar were given him, after which he felt relieved, vomited, experienced anxiety, complained of some strange stuff accumulating in the

region of his stomach; he felt a pain at the occiput and nape of the neck, was delirious, whistled on a leaf. The delirium soon ceased; he complained of pains in the stomach, head, jaws, chest and now in one joint, then in another; after the lapse of seven hours, all his joints pained him; the abdomen began to swell as in dropsy; the sides were distended, painful, hard; he experienced stitches in the kidneys, retention of urine; one upper and one lower extremity were paralyzed; the pulse frequently intermitted and became feverish, on the same day he vomited several times, had several stools, complained of pressure and coldness in the stomach, as from a stone. Finally he was attacked with frightful ophthalmia and lippitudo (bleareyedness,) so painful that he preferred death to so much suffering. This continued for eight hours. At the end of this period all the symptoms ceased, he had a good appetite for supper and felt quite well on the morning following."

The effects of Aconite as depicted in this case, point to a variety of important affections in which this great agent may prove curative. Let us analyze the symptoms in their order, and see with what pathological lesions they correspond.

The patient became delirious and whistled on a leaf. This symptom points unequivocally to acute *mania*. The delirium was accompanied by pain in the occiput and nape of the neck, which would seem to show that the cerebellum was irritated and most probably congested.

After the delirium ceased, he complained of pains in the stomach, head, jaws, chest and joints. The universality of these pains shows that the ganglionic system of nerves, or the great sympathetic as it is called, must have been deeply invaded by the action of the poison. In some forms of rheumatism, pains of the same nature occur. Common *arthritic* and *articular rheumatism* is characterized by pains of this kind. The fever is not always very high; nor are the external signs of inflammation, such as swelling and redness, always strikingly developed. Hence it is in rheumatic affections of this order that Aconite shows specifically curative virtues. In the articular form of rheumatism the tincture has often to be used; in the arthritic form, the attenuations are generally, though not always, preferable.

The pains here indicated may likewise occur in certain forms of *bilious remittent fever*. Considering that Aconite seems to derange the bilious functions to their very foundation, as may be inferred in the present as well as in other cases from the repeated vomiting and the præcordial anxiety, we may justly recommend Aconite as one of our important agents in bilious remittent fever. We shall afterwards see that Aconite answers to all the characteristic symptoms of fever.

We are told that the abdomen began to swell as if dropsical, and that the sides became distended, painful and hard. Hence we infer that Aconite may prove useful in *acute dropsy*. In a case of anasarca induced by fright, Aconite effected a cure. In a case of *hydrothorax* superinduced by a cold, Aconite likewise effected a thorough and permanent cure. Aconite exerts a disorganizing influence upon

the blood, the arterialization of which it has a tendency to retard. The continued use of Aconite makes the blood watery, and causes a diminution of fibrin.

Aconite is evidently in therapeutic rapport with *congestion of the kidneys;* the stitches in the kidneys, the swelling and the retention of urine point to this affection.

Paralysis of the muscular fibres of the bladder may be inferred from the retention of urine.

Paralysis of the extremities, both upper and lower, may be successfully treated with Aconite.

The pressure and coldness in the pit of the stomach as from a stone, is a symptom which occurs in many severe forms of *dyspepsia* and *chronic congestion* of the stomach. It may result in *hæmatemesis* or vomiting of blood. Aconite will relieve this symptom. The German tincture had better be used, one or two drops in twelve tablespoonfuls of water.

The last symptom which this case developed, is ophthalmia, accompanied by a profuse discharge of acrid and burning tears. This very painful symptom is frequently present in *scrofulous ophthalmia,* and we may therefore recommend Aconite for this exceedingly distressing disease.

Fifth Case.

In 1561, Matthiolus made the following experiment in Prague: "A criminal took one drachm of Aconite (stems, leaves, blossoms and seeds of the plant); three hours after, ulcerative sensation in the whole body; prostration of strength; weight about the heart; cold sweat on the forehead; pulse almost imperceptible; after taking bezoar, his eyes became distorted, the mouth was drawn to one side, the nape of the neck was stiff, he fainted and would have fallen unless held; he passed several stools; after consciousness had returned, he was put in bed, complained of chilliness, threw up foul, black bile, then turned to the left side, became speechless, and died after his face had become blue as if he had been choked. Death seems to have occurred from apoplexy and paralysis of the heart."

Regarding this ulcerative sensation all over the body, we may observe that it seems to arise from a general bilious congestion of the capillary vessels. This symptom sometimes occurs in certain forms of remittent fever, either purely rheumatic or bilious rheumatic; among a group of Aconite-symptoms, this one constitutes a characteristic indication.

The symptoms of *cerebral apoplexy* and *paralysis of the heart* are so characteristically developed that it seems hardly necessary to dwell upon them more especially.

Sixth Case.

"To another criminal Matthiolus gave a mixture of Aconite; the patient fancied it contained pepper. One hour after taking the poison, he experienced the following symptoms: vomiting of green

bile; sensation as if a ball were ascending from the pit of the stomach, spreading a cool current across the vertex and occiput. After a longer interval he was attacked with complete paralysis of the left arm and leg, except the hand which was still a little moveable. As soon as the left side was restored, the right side was affected in the same way; finally he was again able to lift up both hands. He then complained of every vessel in the body becoming congealed; he was attacked with vertigo, burning in the head as if the head were full of boiling-hot water, convulsions of the eyes and mouth, violent pain in the jaws as if they would drop off, protrusion of the eyes, blueness of the face, black lips; the abdomen became distended as if full of water, pulse and spirits changed according as the symptoms were more or less violent; at times he despaired of his life, at others he thought he might be saved; at times he was rational, at others delirious; at times singing, at others weeping; he lost his sight completely three times during this time, and thought himself dying; always had the full use of his voice; all these symptoms disappeared in seven hours; the pulse became normal and he recovered."

This case presents an interesting group of symptoms. The first symptom to which our attention is directed is the vomiting of green bile; we will note this symptom, for it appears as a constituent element in more than one group of pathological phenomena denoting a deep-seated derangement of the bilious secretions.

Secondly, we have: sensations as if a ball were ascending from the pit of the stomach spreading a cool current across the vertex and occiput; this symptom is characteristic of *hysteria,* the *globus hystericus,* hysteric ball, a spasmodic and congestive sensation which causes a good deal of distress to some females.

Thirdly: alternate *paralysis* of the extremity of the left and right side.

Fourth: bilious congestive headache, as indicated by the burning and seething sensation in the head; these bilious congestive headaches are generally accompanied by vomiting of green bile, a sense of stupor or excessive sensitiveness to noise and light; for such headaches Aconite is a specific remedy.

Fifth: neuralgic pain in the jaws, with sensation as if they would drop off; this kind of neuralgia may be induced by a cold, and it may be of great advantage to you to know that Aconite is a remedy for it. The tincture prepared from the whole plant, or a few drops of the first or second attenuation of the tincture of the root in eight or ten tablespoonfuls of water, is the proper dose for this affection. We have cured the most horrid aching, burning and stinging pains affecting the whole of the lower jaw, with the sixth attenuation.

Sixth: apoplectic congestion of the brain, as indicated by the intense distress in the head, as if the head were full of boiling water, protrusion of the eyes, blueness of the face and blackness of the lips.

Seventh: dropsical distention of the abdomen; we have seen in a former case that acute dropsy may be cured by Aconite.

Eighth: fitful mania characterized by opposite states, such as: despondency even unto dread of dying, and hopefulness; singing

and weeping mood. These alternate states are likewise characteristic of *hysteria*, in which affection Aconite may be depended on as a most admirable agent.

Ninth: we have complete *amaurosis;* in amaurosis caused by exposure to the sun's rays, accompanied with sudden rush of blood, distress in the head and more particularly in the frontal region, buzzing in the ears, irregularity and depression, or heaviness and sluggish hardness of the pulse, you will find the tincture of Aconite the first and foremost remedy.

LECTURE VII.

Seventh Case.

Vincent Bacon relates the following case of poisoning in Vol. 38, page 287, of the Philosoph. Transactions: "In the night of February 5th, I was called to J. Crampler, a canemaker; he was in bed, his eyes staring, the jaws spasmodically closed, the hands, feet and forepart of the head covered with cold sweat; pulse imperceptible; respiration hurried and scarcely audible. He took supper at eight, and had eaten salad bought in the market, mixed with celery from his own garden; feeling sick, he took an emetic and threw up the larger portion of his meal; the symptoms increased in intensity until I arrived; his head was drawn backwards, his mouth was opened by force, spirits of hartshorn were poured into him which excited cough and vomiting. During moments of consciousness, he had to drink carduus-tea, which caused vomiting; the vomiting was followed by fainting; then came several stools and more vomiting; the bowels and stomach felt easier, but the head was heavy, strength and spirits exhausted; he had to lie down; the pulse returned, but remained intermittent and irregular, sometimes two or three beats in rapid succession, then making a stop of as long a period; after an hour or two he felt chilly: was covered up warmly, perspired, slept, and finally recovered. He then stated that, immediately after partaking of the root, he felt a tingling heat in the tongue and jaws, as if the teeth would fall out. His cheeks were so irritated that his face felt to him twice as large as it really was. This tingling sensation gradually spread through the whole body, especially the extremities; he felt an unsteadiness in the joints, especially the knee-joints and feet; also a twitching in the tendons so that he was scarcely able to walk; he fancied that the blood had ceased to circulate in his limbs; from the wrists to the tips of the fingers, and from the tarsus to the tips of the toes, he experienced no sensation at all; after vomiting, he felt giddy, his sight was misty, his look wandering, he heard a buzzing-whizzing noise in his ears until he fainted."

This is a most instructive case of poisoning, showing that Aconite

exerts a paralyzing influence upon the capillary nerves and consequently upon the movements going on in the capillary vessels, and that this depression may gradually lead to paralysis, apoplexy, asphyxia and death, unless, as in the present case, the capillaries are relieved from their embarrassment, and vital re-action triumphs.

The leading features in this case are the precursory symptoms of *paralysis* which constitute a characteristic indication for Aconite whenever paralysis threatens to set in. The tingling and prickling sensation in the extremities, accompanied by a sense of numbness, a feeling of heat and heaviness in, or else coldness of the extremities; dizziness, sickness at the stomach and vomiting of bile; heavy, sluggish, or else irregular and intermittent pulse; these are symptoms which call for the immediate exhibition of Aconite, if we wish to prevent a paralytic stroke.

The intermissions and irregularities of the pulse are also indicative of heart-disease, where Aconite and Digitalis constitute our chief remedial agents.

The spasmodic closing of the jaws in this case points to *lockjaw*, where Aconite will be found a most useful remedy, especially if the disease originates in rheumatic exposure. But also in traumatic tetanus Aconite may be of great service.

The unsteadiness in the joints which this patient experienced, shows the remarkable action of Aconite upon the articulations, in *rheumatic affections*, whether of an inflammatory or neuralgic character.

In regard to the buzzing and whizzing in the ears, you will find that in *rheumatic deafness*, these noises constitute a most annoying element of the pathological group; the first attenuation of Aconite, or even a few drops of the German tincture in a tumblerful of water remove the affection, if recent, in a very short time.

Eighth Case.

Dr. Watzke, one of the editors of the Austrian Journal of Homœopathy, has reported the following interesting case of poisoning, extracted from Otto's Travels: "Giuseppa Vigano di Bussero, an Italian girl, 27 years old, of a bilious and robust constitution, was admitted to the hospital of Turin on the third of August, 1815. She was suspected of having venereal disease.

She looked well, the skin had a dingy color; her appetite was good; all the vital functions and the pulse were normal; the nipple a little sore. She was put on spare diet, half a pound of bread and two eggs. 4th, took extract of Aconite, two drachms, together with twelve pills of the powder of Aconite. 5th, same dose. 6th, same dose; three drachms of extract with powder. The affection remained local. 7th, took half an ounce of extract. 8th, the patient has little appetite, skin and eyes are rather yellow. 9th, the jaundice is more developed. Took a whole ounce of the extract. 11th, nausea at night, vomiting and delirium; expression of the face altered; the look is extinct, voice scarcely audible; half an ounce of extract. August 12th, restless night; the patient left her bed several times, was

unable to lie down without help; they bound her; she experienced great anxiety; took no medicine. In the evening, loss of speech, stupor, her eyes were closed, the facial muscles spasmodically convulsed; lockjaw set in; her breathing became slow, labored; the pulse quick and irregular; the skin burning-hot. The patient was bled one pound. August 13th, the jaundice is less, but the other symptoms worse; the abdomen is distended: the blood which had been drawn, has a yellow appearance at the surface, with a soft crust. Bled again; barley-soup, six grains of tartar emetic, and two injections each containing twenty grains of tartar emetic. In the evening, the symptoms are worse. Bled again one pound. 14th, torpor, labored breathing, with rattling. Again barley-soup and tartar-emetic, but the patient died.

A post-mortem examination showed engorgement of the cerebral vessels; the stomach was covered with blackish, gangrenous spots.

This case shows that Aconite is capable of producing *jaundice*, even a most malignant form of jaundice. The gangrenous degeneration of the mucous coat of the stomach may have been owing to the corroding action of foul and acrid bile. Hence we may infer that in black vomit, Aconite may prove a most valuable remedy in conjunction with Arsenic. You recollect the case of Matthiolus' criminal, who ejected masses of a foul, blackish substance from the stomach a few hours before his death.

I look upon the case before us as a tolerably fair representation of a group of yellow fever symptoms, which justifies the use of Aconite in yellow fever as an homœopathic agent. The curative virtues of this agent in yellow fever have been abundantly tested by Drs. Holcombe and Davis, and a number of other homœopathic practitioners.

Ninth Case.

Baldriani, district physician at Brescia in Italy, relates the following case of poisoning in a letter to Professor Giacomi, of Padua: "On June 11th, twelve patients, some of whom were affected with scurvy, others with pellagra, and who had been taking for some days the recently expressed juice of Cochlearia or scurvy grass, in doses of three ounces, complained of feeling sick an hour after taking the medicine. These complaints were not heeded. A patient, sixty years old, and who had scurvy, was most affected. The physician, who had not the least suspicion that the patients had, by mistake, been given the juice of Aconite, instead of Cochlearia, found great anxiety and dyspnœa, with inclination to vomit; thinking that these symptoms arose from some gastric irritation, he prescribed a good dose of castor-oil, and had a large blister applied to the chest. The anxiety now increased enormously, and the prostration of strength soon terminated in death. At the same time two women who were about fifty-five years old, and who were in the asylum for mania and pellagra, likewise took the juice of Aconite. They soon felt sick, dyspnœa set in, then convulsions, followed by paralytic debility, and death.

A post-mortem examination yielded the following results: Abdomen distended, excessive blueness of the finger and toe-nails, the fingers and toes were somewhat contracted. The vessels of the brain, especially of the pia mater and the arachnoid, were engorged, with effusion of serum under the membranes, and at the base of the brain; no effusion in the ventricles. The lungs, especially the lower lobes, were filled with black blood; the heart was relaxed, containing a small quantity of black, fluid blood; the large vessels were almost empty; liver normal; gall-bladder contained a small quantity of watery and yellowish bile; spleen relaxed and friable. The stomach, which was distended, contained a moderate quantity of a viscid, blackish-green substance; the lining membrane of the stomach was red here and there, especially at the fundus and large curvature. The duodenum and small intestines contained the same blackish-green substance, and likewise exhibited red patches. The bladder was almost empty; the kidneys somewhat engorged."

This case yields important practical information to a homœopathic practitioner. We learn from it, that Aconite may induce *dyspnœa* and even *apoplexy of the lungs;* these patients evidently died from pulmonary apoplexy, and paralysis of the heart, to which must be added signs of inflammation of the lining membrane of the stomach and bowels. The other patients recovered; tartar emetic was given and powerful stimulants were resorted to; nevertheless some marked symptoms of Aconite-poisoning were observed, such as: rapid sinking of strength and spirits, striking paleness of the face, with alteration of the features; blue rings around the dull eyes; dilatation of the pupils; vertigo, with tensive, dull headache, especially in the occiput; somewhat painful tension in the abdomen, with borborygmi; vomiting of quantities of a greenish substance, and in one of the patients, greenish diarrhœa; sense of oppression and anxiety on the chest; general and increasing coldness, especially of the extremities, with circumscribed blueness of the finger and toe-nails; cramp in the calves; pulse small, feeble, in some patients hardly perceptible.

From these cases we learn that Aconite depresses the bodily strength and spirits, and that it has a specific power of disturbing the biliary secretions; hence the vomiting of green bile, and alvine evacuations of the same character. Note this symptom, Gentlemen: it tells you that Aconite is a remedy for *diarrhœa,* if the stools consist of green bile, *bilious diarrhœa;* also for *cholera-morbus,* where green discharges from the bowels and green vomiting are often present; in *bilious fever,* or in *rheumatic fever,* with discharges of green bile, Aconite is indicated. Nothing depresses the action of the lungs more intensely than the presence of bile in the pulmonary capillaries; hence this agonizing dyspnœa which Aconite is capable of producing, and which it will of course be able to remove. Taking the whole group of these symptoms in their complex, prostration of strength and spirits, vomiting and alvine discharges of green bile, agonizing oppression on the chest, blue nails, cadaverous coldness of the extremities, collapse of pulse; I say, taking these symptoms in their complex, you have as complete a group of symptoms indi-

cative of *cholera-morbus* as you can find recorded under any drug. Even *Asiatic cholera*, in the first invasion, frequently presents this group of symptoms; with a few doses of Aconite you will often succeed, if these symptoms are present, in arresting the development of this frightful disease, and bringing about a triumphant reaction.

Tenth Case.

Dr. Shervin reports the following case of poisoning by Aconite, in the London Lancet. He had been macerating one and a half pounds of Aconite root in one gallon of Alcohol, and left it within reach of the servant girl. Two days after he had mixed his ingredients together, he was suddenly called home; the girl had been taken ill. "He found her lying on her back, with staring looks, contracted pupils, livid complexion, rigid jaws, coldness of the extremities, collapse of pulse, short, imperfect and labored respiration, feeble beating of the heart. At times she would sigh, throw her arms about, and a rattling noise and vibratory motions of the trachea were perceived. It appears that the girl had put some of this tincture in her mouth for a toothache, and afterwards had swallowed it. The doctor gave her half a drachm of sulphate of zinc, to vomit her; after which the pulse returned and she was better able to see. After a while, bilious vomiting took place, which was accompanied by collapse of pulse; the patient complained of violent pressure in the head and in the præcordial region. Symptoms of cerebral congestion being apparent, the patient was bled from the jugular vein, twenty ounces of blood being drawn; she felt easier, it seemed to her as though she had been transported from a narrow, dark and hot room into a light chamber. After the venesection she had several more but less violent attacks of vomiting, the pulse became fuller, fifty-eight per minute, but intermitted after every fourth beat; the præcordial anxiety was less. The pulse gradually rose up to seventy and, towards evening, up to one hundred, the skin being hot and dry. Next day the pulse remained small; she had slept but little; her tongue was coated, she complained of headache; the hands felt numb. On the day following she was well again. After swallowing the tincture, she experienced the following symptoms as reported by herself: first I felt a prickling in the arms and fingers, numbness in the shoulders, tongue and mouth, and finally in the legs and feet; after this, a sense of swelling in the face and constriction of the throat; I looked in the glass, and my face looked blue and disfigured, I made an effort to go to bed, but my strength gave out and I fell down. It was at this stage that the doctor saw her.

This is likewise an instructive case! We learn from this case, beside the usual symptoms which we have noticed in other cases, such as green vomiting, collapse of pulse, loss or decrease of sight, that Aconite, during the period of reaction, by which we mean the period when the vital forces begin to react against the depressing effects of the drug, induces a state of inflammatory fever, with full and rapid pulse, hot and dry skin, headache, coated tongue, etc.; hence we infer that Aconite is a remedy for inflammatory fever,

characterized by similar symptoms, such as dry and hot skin, full and rapid pulse, headache, etc. Now, if you remember, Gentlemen, that Aconite causes bilious vomiting, vomiting of green bile, you have an excellent group of indications for *bilious fever*, with hot and dry skin, full pulse, coated tongue, bilious vomiting; or for *gastric fever*, which differs from bilious fever more by the apparent symptoms than by the actual character of the disease.

The remarkable influence which Aconite seems to have over the action of the pneumogastric nerve, and which is characterized in this and in other cases by imperfect and labored respiration, a rattling noise and vibratory motions of the trachea, and other symptoms, should never be lost sight of in *asthma* and in such affections of the respiratory organs as are characterized by dyspnœa, feeble beating of the heart, feelings of anxiety.

Eleventh Case.

Dr. Pereyra of Bordeaux reports the following case of poisoning by Aconite in the Gazette des Hôpitaux, March 26th, 1839: "In May, 1838, a man of forty-five years was attacked with acute rheumatism, and was received in the St. Andrew Hospital of Bordeaux. On the 19th of December, seven months after his reception in the hospital, the man was still affected with rheumatism. Every possible remedy had been tried in vain. The patient was placed under the care of Dr. Pereyra. The disease seemed to have principally localized itself in the knee-joint. The patient had to walk on crutches, dragging himself along with great difficulty. Dr. Pereyra gave him the alcoholic extract of Aconite. He commenced with two-grain doses, which he gradually increased to five-grain doses morning and evening. The patient had taken already twenty doses of Aconite, was much improved and began to walk. The medicine having given out, a new supply had to be ordered. This new extract was given to our patient and to various other patients in other wards. Next morning it was found that several persons had been poisoned. Our patient had taken five grains of the new extract at five o'clock in the morning. In a quarter of an hour he experienced as usual a certain tremor and tingling in the limbs, which was accompanied with stinging pains. While taking the former extract, these symptoms used to disappear in about half an hour after taking the medicine, but now the stinging pains became worse and worse, and the tremor increased to convulsions. In the mouth and throat the patient experienced a sensation as if he had swallowed strong pepper. Soon after, he vomited up all the contents of the stomach. During the convulsions, the patient lost his consciousness. As often as consciousness returned, the sight was dazzled. He complained of a seated pain in the head, as if the head were encircled by a hot iron. Pulse irregular and slow. These symptoms were sought to be antidoted by coffee. At ten o'clock, five hours after the patient had swallowed the Aconite, Dr. Pereyra observed the following symptoms: pale face, showing an expression of anguish and restlessness; great mobility of the eyes; the patient is restless, tosses about

and likes to change his position; contrary to his habit he seems fond of talking a good deal and hurriedly; *cold tongue* as in the case of cholera-patients: sense of burning in the fauces and œsophagus; vomiting of mucus; orthopnoë, twenty-five inspirations per minute; pulse fifty-four, irregular, soft and full, as if the volume of blood did not fill up the arteries; auscultation revealed natural breathing in front, and a mucous râle posteriorly. The heart showed several striking symptoms. The apex of the heart beat only once against the wall of the thorax, whereas three pulsations were distinctly felt at the wrist. The beats of the left ventricle were synchronous with the beats of the radial pulse. The right auricle seemed to be convulsed; its movements were rapid, irregular, and bore no proportion to the beats of the ventricles. Gradually the extremities began to grow cold. No alvine discharges. Neither sinapisms nor warm glass-cups could restore the vital heat of these parts. Dr. Pereyra regarding this group of symptoms as an exact representation of Asiatic cholera, he gave his patient an infusion of *Guaco* which he had found an exceedingly efficacious remedy during the paralytic stage of the cholera; this infusion was given for the purpose of stimulating respiration and the beats of the heart; two drachms of liquor Ammoniæ were likewise given; frictions with the tincture of Cantharides were made upon the præcordial region and back. Towards evening reaction set in, and next morning the patient was well: his rheumatism was gone, not a trace of it had remained behind.

One of the other patients who had taken of the same preparation died after the lapse of four hours; death, it appears, took place through suffocation, and a general collapse of the circulation. The principal symptoms of poisoning in this case were: excessive burning pain in the throat, vomiting, afterwards cold sweats, oppressive anxiety, an agonizing tossing about, fainting fits, gradual sinking of the respiration and circulation, collapse of pulse, death. A post-mortem examination showed the following results: continued expression of terror in the face; injected condition of the cerebral vessels; the cerebral substance was dotted with blackish points; the parenchyma of the lungs was engorged with blood, and almost ceased to crepitate; the left ventricle was found empty; the right ventricle was filled with a jelly-like bloody coagulum: the stomach exhibited traces of considerable congestion; the kidneys, urinary bladder and spinal marrow were not examined."

Now, Gentlemen, let us review the symptoms which these two cases of poisoning offer for our consideration:

Trembling and tingling in the extremities, accompanied by stinging pains.

Convulsions of the extremities, with loss of consciousness, and followed by return of consciousness with dazzling of the eyes, and profuse sweat.

Headache, as if the head were encircled with a red-hot iron.

Excessive restlessness with great mobility of the organs of speech.

Cholera-coldness of the tongue.

Burning in the œsophagus.

Orthopnoë (suffocative constriction of the chest), with hurried respiration.

Diminution and irregularity of the heart's action.

Utter extinction of the rheumatism.

Expression of agony in the features.

Excessive sanguineous engorgement of the lungs.

According to the terms of our law, we may avail ourselves of these symptoms as indications of cure in the treatment of several distressing affections. These symptoms inform us that Aconite may be a specific agent in the treatment of *convulsions* when caused by some irritation or morbific influence not operating primarily upon the brain but upon the peripheral nerves. In *hysteric convulsions*, for instance, when the sensation as of a ball ascending from the stomach, is present, Aconite may prove a sovereign remedy. In *convulsions* occasioned by *fright*, by *teething*, or even in *traumatic convulsions* as they are termed, occasioned by mechanical injuries, a nail in the sole of the foot, or a prick with a pin, Aconite may prove the best remedy.

These symptoms further show that Aconite is a great remedy for bilious and nervous headaches when this distressing sensation of burning is present. You recollect, Gentlemen, that in a former case, a patient complained as if his head were full of boiling water; here we have the symptoms as if the head were encircled with a red-hot iron: these symptoms point to Aconite as one of our most efficient remedies in *bilious congestive headache*.

The symptom of excessive restlessness and excessive mobility of the organs of speech points to the use of Aconite in a peculiar form of *mania*, a sort of *monomaniacal loquacity*.

Coldness of the tongue as in cholera; this symptom leads us to regard Aconite as a great agent in the treatment of *cholera Asiatica*, to which many of the other symptoms likewise point, such as vomiting, involuntary serous stools, retention of urine, burning in the epigastric region and œsophagus, a burning distress about the head, blueness of the finger-nails and lips, etc. Aconite is not a specific for Asiatic cholera; but, as may be inferred from the symptoms, it must be, and indeed is, a most powerful restorer of the vital reaction, especially during the first invasion of the disease. In the stage of asphyxia, when the skin has lost all elasticity, and has the shrivelled appearance of a washerwoman's skin, Aconite is not the remedy; Veratrum then comes into play, unless we choose to give Aconite and Veratrum in alternation.

Burning in the œsophagus and epigastrium reveals to us the importance of Aconite in *nervous* or *bilious dyspepsia*. We are often called upon to prescribe for this distressing symptom, and there are no remedies which will relieve this more speedily and more directly than Aconite, Arsenic and Carbo vegetabilis.

Orthopnoë, or suffocative, constrictive oppression on the chest, yields to Aconite; hence in apoplexy of the lungs, or rather when apoplexy of the lungs is threatening, as indicated by the agonizing oppression on the chest, Aconite will be found a reliable remedy.

Another symptom which this last case of poisoning presents to

our view, is the diminution and irregularity in the heart's action. Coupling this symptom with the slow and heavy pulse, and with the symptoms of cerebral congestion which have been pointed out in the previous cases of poisoning, we have a most instructive therapeutic indication for the use of Aconite in *cerebral apoplexy*. Gentlemen, if apoplexy threatens, and even after it has actully taken place, the use of Aconite will effectually supersede the use of, and indeed, will prove an inestimable substitute for the lancet.

You will recollect that Aconite was prescribed in this case in order to cure *inflammatory rheumatism* of the knee-joint. After all the poisonous symptoms had been extinguished, the rheumatic disease had so completely disappeared that no trace of it was left behind. We may infer from this cure, that Aconite is possessed of a specific power to cure inflammatory rheumatism of the joints. This will be shown still more definitely in reviewing the pathogenetic effects or symptoms of Aconite. It is not necessary, in order to cure this species of rheumatism, to resort to poisonous doses of Aconite; but, on the other hand, it must not be supposed that chronic inflammatory rheumatism of the joints, especially if organic degenerations have already developed themselves, can be removed with the two hundredth potency. If such a thing is possible, I have never seen it done. In the case of patients whose constitution is very sensitive to the action of medicine, and who have not yet taken Aconite, the thirtieth potency may perhaps effect a change; but it is safer to operate with a lower potency, say from the third to the sixth, and if the constitution of the patient should be naturally very torpid, you must not be afraid of resorting to the strong tincture, in doses of one or two drops in a tumblerful of water.

Twelfth Case.

The following exceedingly interesting case of poisoning by Aconite has been reported by Dr. F. Devay, supplementary physician to the Hotel Dieu of Lyons in France, in the Medical Gazette of Paris, January 5th, 1844: "On the 26th of October, 1843, about 8½ o'clock in the evening, Charles Grimaud, assistant in the pharmaceutical laboratory of an apothecary of Lyons, while eating his supper, swallowed about thirty-two scruples of the tincture of Aconite, which he had poured into a dark bottle on the morning of the same day, and had placed by the side of another similar bottle that contained the wine which he was to drink at supper. Immediately after swallowing the tincture, he experienced a sensation of warmth and constriction in the throat. Having discovered his mistake, he took about a grain of Tartar emetic dissolved in a large quantity of water. This, however, did not excite any vomiting. His restlessness now became excessive; he was utterly unable to remain quiet, and complained about his throat and of a burning in the œsophagus. As soon as the apothecary returned home, Dr. Devay was sent for. It was 10½ o'clock. The patient was 35 years old, of a lymphatic sanguine temperament, robust constitution, and begging for help in a

state of the utmost fright. His anxiety was so great that he was utterly unable to remain quiet. I asked him to sit down, but he immediately rose again. I had to walk up and down the room with him, in order to ask him questions and obtain a knowledge of his symptoms. His mental and sensual functions were undisturbed; the tongue exhibited a whitish coating: he complained of nausea. No colic. I observed that the first effect of the poison had been to attack the organs of locomotion, especially the lower extremities, which the patient moved incessantly, even while sitting on a chair. While walking about the room, his legs trembled. This gave to his gait the appearance of staggering. I gave him an emetic composed of nearly 2½ grains of Tartar emetic, 16 grains of powdered Ipecacuanha, the whole in 4 ounces of water. The patient swallowed it hurriedly. He complained of an acute pain in the fauces and œsophagus, and showed excessive restlessness and dread of death. In about 7 or 8 minutes copious vomiting took place. About 11 o'clock in the evening, the patient was unable to remain standing; he was attacked by a peculiar sort of convulsions; the upper and lower extremities were turned inwards, the fingers were clenched and the thumb turned inwards, so that it was impossible to open his hand. There was no concussion. His face was covered with a cold, clammy sweat. The eyeballs were rolled upwards, so that only the whites could be seen. The expression of the countenance was frightful. The pulse at the wrist and temples had entirely vanished. This paroxysm of convulsions lasted about three minutes, and was succeeded by prostration. The patient complained of experiencing extreme anguish; he felt that his end was approaching. His consciousness was not disturbed, although the patient seemed every now and then to lapse into a state of stupor, from which he however speedily roused himself in order to call for help. He would close his eyes, with his head hanging down, after which he suddenly raised it again like one who, having fallen asleep standing, or sitting on a chair, is suddenly roused from his slumber. His visual power had become extinct; he was unable to distinguish either persons or other surrounding objects. He had to vomit several times after this, and every attack of vomiting was followed by a paroxysm of convulsions.

"About 12½ o'clock the symptoms continued the same; the anguish and agony of the patient were extreme. Alternate paroxysms of convulsions and nausea. Another emetic was given, and water and vinegar ordered as a beverage in tablespoonful doses. About one o'clock the sight returned, but the paroxysms of convulsions were as frequent as before and more violent; the temperature of the skin became less and less. The patient began to shiver and finally became cold as ice; his countenance assumed the expression which we characterize as hippocratic; his head was powerfully drawn backwards; during the spasms his joints would creak. The breathing became stertorous; the mucous râle was audible at a distance. In spite of this agonizing condition he understood every thing that was told him, nor did he experience any colic. Even after the first convulsive paroxysm the palms of his hands had lost

the faculty of sensation so completely that he did not feel the prick of a needle, even if pushed pretty deeply into the flesh. The abdomen remained warm. Sinapisms were applied to the whole body, except the abdomen, and a solution of Iodine in water was administered, 4 grains of iodine, 48 grains of the iodide of potassium, dissolved in 8 ounces of water. About 3 o'clock in the morning, up to which hour there was no change in the symptoms, the beats of the heart again became perceptible; the pulse could be felt again; the warmth of the skin returned and the patient felt more comfortable. An infusion of mint was administered with 48 grains of the spirits of Mindereri, or the well-known acetate of Ammonia, first described and introduced into medical practice by Boerhaave. About 4 o'clock the patient began to look better; a copious, warm sweat broke out; the pulse had risen up to 125 beats; the palms of the hands had recovered their sensibility; the breathing was natural. The patient was now given an infusion of couch-grass or Triticum repens, with nitre and syrup. At 6 o'clock, he slept for half an hour. On waking he complained of feeling sore and bruised all over. An injection brought away a mass of black and exceedingly fetid stool. A small quantity of urine was passed, which looked cloudy. The abdomen was painless and soft; tongue moist and coated white. During the two days following, there were no new symptoms. The sleep was rather restless. On the 29th, the patient was able to leave his room; his appetite had returned; barring an expression of fright and imbecility which still was perceptible in his countenance, all the other dreadful symptoms had entirely disappeared."

This case of poisoning, Gentlemen, is of the highest importance in a therapeutic point of view. An allœopathic physician may perhaps derive no further benefit from the perusal of such a case than a knowledge of the fact that Aconite is an acrid poison, and has to be used with great care; but how instructive must such a case be to a homœopathic physician! How many therapeutic indications of the highest interest and importance does it furnish to the attentive observer of the physiological effects of this wonderful, and most comprehensive and intensely-acting agent upon the living tissues! Let us review the symptoms which this case offers, and ascertain with what diseases they correspond.

First we have the usual *warmth* and *constriction* in the throat.

Secondly, *excessive restlessness*, the patient was unable to remain quiet; he had to be in constant motion; especially the lower extremities were continually agitated, trembling, staggering.

Third symptom: Excessive *pain* and *burning* in the œsophagus.

Fourth: *Epileptiform convulsions;* the fingers were spasmodically closed; the thumbs clenched, and the legs drawn in; these convulsions occurred in paroxysms at more or less regular intervals and were accompanied by mucous râle and stertorous breathing, symptoms that are usually present in this form of convulsions. Now, Gentlemen, this symptom shows the great power which Aconite must necessarily possess in the treatment of convulsions; but remember, they must be convulsions where the brain is only secondarily affected. In the

present case we have seen that the patient retained his consciousness and remained in full possession of his intellect from first to last; hence the brain could not have been primarily affected by the poison, and the convulsions must have been the result either of some secondary irritation of the brain, such as might have been induced by violent sanguineous engorgements of the cerebral vessels and consequent pressure upon the brain; or they must have resulted from some direct lesion of the functional equilibrium of the peripheral system of nerves. We have several convulsions of this kind which we are often called upon to prescribe for: such as epileptiform convulsions, where the neck, trunk, or extremities may be tetanically convulsed, rigid and distorted, and where the fingers are spasmodically closed and the thumbs clenched; the eyeballs may likewise be frightfully rolled about in their sockets, sideways, upwards or downwards, and froth may appear at the mouth.

Another class of convulsions, to which the present paroxysm points, are *puerperal convulsions*, or *eclampsia;* these convulsions sometimes occur to parturient females, and as far as we may be guided by post-mortem appearances and by the symptoms existing during the life-time of the patient, these convulsions result, not from a primary derangement of the cerebrum, but from some secondary irritation of this organ, more particularly from capillary engorgement induced by the deficiency of animal energy which is more specifically generated by the cerebellum. The development of the fetus is essentially an animal function, a function pertaining to the animal sphere, of which the cerebellum is the central organ; if the cerebellum is unable, in consequence of some inherent weakness, to respond to the stimulating action of the cerebrum, what must be the inevitable consequence of this want of harmonious equilibrium between the two central organs of vitality? The inevitable consequence must be that the cerebellum, being unable to properly use the supply of blood which the cerebrum, in its capacity of supreme guardian and preserver of vitality is continually sending to the uterine organs, permits the vascular engorgement thus established to react upon its source, the cerebrum, and to occasion an engorgement of the cerebral capillaries which must inevitably lead to convulsions, and, unless this engorgement is removed by some means or other, to rupture of the capillaries, effusion into the cerebral tissue, and consequent death of the patient. Old-school physicians endeavor to relieve the brain by bleeding or by extracting the fetus by artificial means; but in our practice we may resort to the use of Aconite, which is endowed with a specific power of developing, by its peculiar action upon the cerebellum, precisely such a train of symptoms as we find described in the books under the appellation of eclampsia and as we are often called upon to treat in the sick-room. Mark this well, Gentlemen, that Aconite exerts its specific action in the animal economy not upon the cerebrum, but upon the cerebellum, and, that the cerebral symptoms which indicate the use of Aconite, are indications of some secondary or sympathetic irritation of the cerebral organ. If you keep this distinction in view, and if, by observation and thought, you endeavor to acquire a more and more lucid, positive,

and I might say, intuitive perception of this and similar facts, you will find that medicine is not necessarily and constitutionally, as it were, an uncertain and vague science; you will find that, where the mere symptomist sees nothing but symptoms, darkness and confusion, the philosophical homœopathist, who knows how to interpret the meaning of symptoms and determine their character and value, and their relation to the central organs of life, sees light, order and beautiful harmony in the midst of the desolating processes exhibited to his view by the organism of a suffering creature.

You will not understand me as recommending Aconite as a panacea for puerperal convulsions. These convulsions may proceed from some primary lesion of the cerebrum, a deficiency of cerebral innervation, in which case medicines that act directly upon the brain, such as Opium, Hyoscyamus, etc., may be required.

Our next, and a most interesting symptom, is the condition of the pulse which rose up to one hundred and twenty-five beats. Most of you are doubtless acquainted with the fact that we prescribe Aconite as a specific remedy for *simple inflammatory fever*, and this symptom shows that such a prescription is in strict accordance with the specific action of Aconite upon the human system. In the present case, the patient's pulse was in the first place depressed even to complete collapse, and the skin was icy-cold. This icy-coldness of the skin was ushered in by a well-marked chill. This is the primary effect of Aconite upon the circulation: depression and even collapse of the pulse, diminution of the temperature of the skin, accompanied or preceded by a chill, a sense of cold creeping, shivering. The reaction which the organism sets up against these symptoms, is marked by opposite conditions, heat, increased rapidity and fulness of the pulse, sometimes rising, as in the present case, up to one hundred and twenty-five and even to a larger number of beats. These two conditions, although they seem to be antagonistic to each other, yet come both of them within the curative range of Aconite. These two conditions, the previous depression and subsequent exaltation of vitality constitute two phases of one and the same functional process, just as the violent contractions and subsequent atony of the uterus constitute two phases of another functional process to which I shall direct your attention when speaking of Secale. The previous negative and the subsequent positive condition of the circulatory system make up the sum total of the vital energy normally belonging to it, and all that we have to do, in order to restore the harmonious movements of this system, is to give a remedy that shall free the capillaries from their spasmodic torpor and thus enable the column of blood to flow through the body from one ventricle to the other with undisturbed rhythmical ease. This purpose is accomplished by means of Aconite which, if it should be found inadequate to a complete removal of the difficulty, will, at any rate, pave the way for the exhibition of the next remedial agent. If we prescribe Aconite during the chill, it will not only hasten the febrile reaction, but will likewise shorten its course; and if we prescribe Aconite during the febrile reaction, the therapeutic effect will be the same, viz.: the

restoratiou of the natural rhythm of the pulse, and the normal temperature and secretions of the skin.

We should not omit to notice another symptom, which does not seem of great importance, but which sometimes occurs in catarrhal and rheumatic fevers, and which affords an additional indication for the use of Aconite in these affections; I allude to the feeling of soreness of which the patient complained after his short nap, a sensation as if the whole body were bruised. As I have stated on a previous occasion, this symptom is often present in *rheumatic fever;* so is the next symptom, the *black* and *fetid stool*. The turbid urine likewise points to the fact that Aconite is a curative agent in inflammatory conditions of the organism.

And lastly we are told that an expression of terror and imbecility remained in the patient's countenance some time after the other symptoms had disappeared. Gentlemen, one of the most remarkable effects of Aconite upon the mind is, to induce this state of terror and imbecility. In a former case we were told that Aconite induced a state of mania characterized by fitful changes of mood, such as alternate singing and weeping, lowness and exaltation of spirits, alternate delirium and rationality. Here we observe that Aconite causes a state of fright and an appearance of imbecility. This effect of Aconite upon the mind is one of the most characteristic indications for its use, and whenever, in certain forms of *mania* or *dementia*, a state of fright and imbecility is a characteristic symptom, Aconite will prove an invaluable auxiliary to the cure.

LECTURE VIII.

Now, Gentlemen, let me briefly recite again the whole series of the affections which the cases of poisoning that I have related to you, teach us as coming within the curative range of Aconite.

1. *Acute congestion* of the brain, when of a purely nervous, rheumatic or traumatic character, and when not symptomatic of some more deep-seated disease of the cerebrum, such as typhus or meningitis. In reviewing the symptoms of Aconite-poisoning, which I have pointed out to you, you will find, that they contain all those symptoms which constitute a more or less complete group of acute congestion of the brain. We have the chill which always ushers in an acute congestion, in whatever organ it may set up its abode; then we have the febrile reaction with the pulse up to one hundred or even one hundred and twenty-five beats in the minute; we have the heat and dryness of the skin which is always present during an acute congestion of any organ, and we have all the cerebral symptoms which point to this disease, such as acute aching pains in the head; sensation of soreness about the head, as if the scalp had been bruised; flushed appearance and bloating of the face; heat in the head; sensitiveness to the light and noise; buzzing and whizzing in the ears; vertigo, throbbing of the carotids, nausea and vomiting, highly-colored and turbid urine, and other more or less variable

symptoms. This form of congestion is generally the result of exposure to a draught of air, keen winds, retrocession of the perspiration about the head; it may likewise result from indigestion, or from some mechanical cause, such as a blow or fall upon the head, or even from fright.

You will remember that in several fatal cases of poisoning by Aconite, the brain was found dotted with red or dark-colored spots, showing that the ruptured capillaries had discharged their contents into the substance of this organ. In fatal cases of acute cerebral congestion, a similar appearance is revealed to us after death; hence we perceive that the homœopathicity of Aconite to acute congestion of the brain extends even to the pathological changes discovered after the death of the patient.

In treating such a case, you may give Aconite in various doses, from the tincture up to the thirtieth potency; a drop of the tincture in a tumblerful of water, or a drop or a few pellets of the sixth, twelfth, eighteenth or thirtieth attenuation. In my concluding lecture on Aconite I shall offer the necessary suggestions concerning the repetition of the dose, and therefore deem it unnecessary to dwell upon this topic for the present.

The second pathological lesion for which we have found Aconite indicated, is

Acute Gastritis, when of a purely rheumatic character, or when resulting from indigestion or from some mechanical irritation of the stomach. The symptoms as developed by our toxicological provings, are the symptoms usually characterizing acute inflammations, accompanied by a sense of burning in the stomach, vomiting of mucus, bile and blood, intense thirst. You recollect that in cases of acute gastritis caused by Aconite, the stomach exhibits all the symptoms of this inflammatory condition, and that in one case the inflammation had even terminated in gangrene. Post-mortem examinations have revealed similar changes in cases of genuine gastritis; hence the homœopathicity of Aconite to the rheumatic or purely nervous form of this disease, is fully established. You will afterwards find, that there are forms of gastritis which have to be combated by other remedies, such as Arsenic or Phosphorus. In regard to the dose I would say that the lower preparations of Aconite are generally more reliable in this disease than the higher; you may go down to the third, second, or first attenuation, or even to a drop of the tincture, although higher attenuations may sometimes be required by very sensitive subjects. Give your medicine in water, one or two drops in a tumberful, provided the patient can keep the liquid on the stomach; otherwise resort to powders.

Thirdly we have

Paralysis of the organs of speech; the patient is unable to articulate, and utters unintelligible sounds; this condition is sometimes accompanied by violent symptoms of cerebral congestion, but it may likewise occur as a more or less isolated symptom; the tongue feels heavy, swollen, numb, or a prickling sensation may be experienced in this organ. Aconite from the eighteenth down to the first is the remedy.

Paralysis of the sentient nerves is another condition which comes under the therapeutic range of Aconite. In one of our cases of poisoning the sensibility of the patient's face was greatly impaired; the face and throat were almost insensible to the touch. In another case the patient's hands had so completely lost all power of sensation that he did not even feel the prick of a pin.

Purely *Nervous Irritation of the brain* is another morbid condition which may require the use of Aconite. In the case of poisoning where this symptom occurred, the patient complained of feeling dizzy, but she was neither delirious nor sleepy. This condition of the brain you will often find described in the books under the appellation of

Nervous Vertigo. It may be induced by exposure to the sun, or by some constitutional irritation, gastric derangements, etc. An attack of this kind is generally accompanied or succeeded by symptoms of cerebral congestion, and it may even be accompanied by partial loss of consciousness, loss of memory, even to such an extent that the patient forgets his own name, the names of his best friends, of his native place, and even the letters of the alphabet and the names of the common numbers. Give your Aconite from the first to the sixth attenuation.

Suffocative Catarrh, as it is termed, is another morbid condition which will be found to yield to the use of Aconite. The symptoms which point to the use of Aconite in this disease, are the constriction and strangulation which Aconite causes in the throat, and the dyspnœa or distress of breathing which is likewise one of the characteristic effects of Aconite upon the lungs.

In his later years the great discoverer of Homœopathy was attacked with an illness which endangered his life. It was suffocative catarrh. His own statement concerning it, is as follows: "Although I kept myself very warm, yet the annoyance I received from * * * * *, may have contributed to bring upon me the suffocative catarrh, that for seven days before, and for fourteen days after the 10th of April, threatened to choke me, with instantaneous attacks of intolerable itching in the glottis, that would have caused spasmodic cough, had it not deprived me of breath altogether; irritation of the fauces with the finger, so as to cause sickness, was the only thing that restored the breathing, and that but slowly; there were besides other severe symptoms—very great shortness of breath, total loss of appetite for food and drink, a sensation of weariness and a bruised feeling in all the limbs, constant drowsiness, inability to do the least work, presentiment of death, etc. It is only within these four days that I have felt myself out of danger; I obtained relief by two olfactions, of Coffea cruda X° first, and then Calcarea; Ambra too was of use. And so the great Protector of all that is true and good, will grant me as much more life upon this earth as seemeth good to his wisdom."

Far be it from me, my friends, to find fault with Hahnemann's prescriptions. But look at the symptoms; look at this suffocative or spasmodic constriction about the larynx, at this distress for breath, at this general prostration of the system, at this universal

feeling as if the limbs had been bruised by blows, and what more complete picture of an Aconite-group of symptoms can be found than is presented by this description of Hahnemann's illness. Gentlemen, if I had had charge of our illustrious patient, I should have given him the second or third attenuation of Aconite, a drop or two in a tumblerful of water, in small tablespoonful doses every two or three hours, and I feel persuaded that the disease would have speedily terminated in perspiration and recovery.

Speaking of suffocative catarrh, let me not forget, to recommend Aconite to your favorable consideration in

Asthma Millari, this dreadful invader of the quiet comfort of delicate infancy. Asthma Millari, as it is termed, or *asthma thymicum*, is, in fact, a species of suffocative catarrh, or spasm of the glottis accompanied by signs of suffocation. If there is a meaning in symptoms, and if our provings are of any use to us as therapeutic indications, Aconite is one of our best remedies for this frightful disorder. No remedy is possessed of the same power as Aconite, of producing this spasm of the glottis which is the pathognomonic feature of Asthma Millari. Then why not use it? Why do our books recommend only Sambucus, Moschus, and other remedies which are much less homœopathic to this disease? Gentlemen, it is because one book-maker copies from another; instead of ascending to first principles, and of determining the homœopathic relation of drugs to diseases by a careful exploration and analysis of the pure effects of drugs upon the living tissues: book-makers would rather trust in their own empiricism, and swindle the confiding student of Homœopathy out of the most valuable means of cure which the Divine Father has designed for our use.

Mania was the next affection for which Aconite may be recommended as a specific remedy; the symptoms which indicate Aconite, are a sense of fright; the patient looks terrified, and, accompanying this sense of terror, there may be an appearance of imbecility; hence in

Idiocy, Aconite may at any rate be given as a palliative, provided the disease is incurable. In some forms of mania the patients are exceedingly loquacious, and subject to alternate changes of mood, at one time singing and laughing, and the next weeping and moaning; at one time full of hope, and then depressed by despair and forebodings of death; at one time enjoying the full use of their reason, at another apparently demented. These alternately opposite conditions of the mind indicate Aconite as one of the remedies which, among others, is to be used in such cases.

Neuralgic pains in various parts of the body; this is another morbid condition which will yield to Aconite. In our cases the only neuralgic pains that we have become acquainted with so far, are hard aching pains in various parts of the body, jaws, neck, chest, joints; by and by we shall find that Aconite is a sovereign remedy for a variety of neuralgic sufferings, such as stitching, boring, screwing, burning and other pains.

Dropsical swelling of the abdomen. If dropsy should set in in consequence of the sudden retrocession of an acute eruption, or in

consequence of the sudden stoppage of the cutaneous exhalation through exposure to a draught of air, to dampness, keen winds, etc., Aconite may restore the action of the exhalants and thus either terminate the whole difficulty or, at any rate, pave the way for some other remedy.

Aconite may likewise cure dropsy brought on by fright. Fright causes that spasmodic torpor in the capillaries which Aconite possesses the specific power of removing; and one of the effects of this torpor of the capillary exhalants may be an accumulation of serous fluid in the cellular tissue. Some years ago I had such a case to treat. A French lady had had a violent fright. On coming out of her house, a man was shot dead in front of her in the street. The effect of this fright was anasarca. When I first saw her, she was enormously distended. On pricking the skin with a needle, the water would spirt out. After using Aconite for a few days, she began to discharge a quart of water from the vagina in the course of twenty-four hours; this gradually increased to two and even three quarts, and the dropsical symptoms had all disappeared when, from some cause or other my patient removed to other parts. What became of her I am unable to say.

Acute congestion of the kidneys, characterized by swelling in the region of the kidneys, stitches in the kidneys, retention of urine, and the usual symptoms of inflammatory fever; this group of symptoms likewise requires Aconite.

Retention of urine is another derangement corresponding with the effects of Aconite. This retention may be owing to spasmodic constriction of the sphincter, or to paralysis of the muscular fibres of the bladder; in either case Aconite, by virtue of its power to induce muscular paralysis and spasmodic constriction of the orifices of the body, is indicated as one of the most reliable remedies in this distressing affection, if occasioned by a cold or fright.

Paralysis of the muscular fibre. We have seen that Aconite causes a spasmodic torpor in the capillaries; this torpor may so completely embarrass the circulation in the affected part that muscular paralysis may be the consequence. A paralysis of this sort must necessarily be characterized by symptoms like these: a sense of swelling in the part; heat, numbness and tingling as if the part had gone to sleep, prickling sensation in the part; slow, heavy pulse, in some cases full and hard, and in other cases sinking and empty. Aconite from the sixth to the thirtieth, and sometimes lower, will often prevent the threatening paroxysm. And even if paralysis has actually set in, Aconite is still a specific restorer of the normal vitality of the part. Among a number of cases of paralysis which I have treated with Aconite, I select the following two or three cases, in order to illustrate the wonderful curative powers of Aconite in this disease.

One was a man about forty years old, good constitution, rather phlegmatic temperament, in good circumstances and not much oppressed with care. He had a paralytic stroke, and for some six or seven weeks was treated by a botanic physician without the least benefit. When I saw the patient, the following group of symptoms

presented itself: The patient was hardly able to stagger about the room; his sight which was naturally very good, was so impaired that he was unable to read the largest sign across the street; his memory was likewise damaged; though naturally intelligent, there was an expression of imbecility in his features; he was only able to stutter out a few words; when attempting to count, he would skip two or three numbers, 1, 2, 5, 6, 9, etc. When attempting to read, he would sometimes commence in the middle of a line, or he would skip two or three lines, or read one word for another, good for great, etc. Sometimes he would only see the half of a word. His appetite was poorly, tongue coated white, foul taste in the mouth, fetid breath, pulse exceedingly irregular, intermittent and rather depressed. I put him on the use of Aconite, and in about three weeks the patient's health was completely restored, and he was able to walk about three miles down town to his place of business.

Another case was that of a lady of fifty, of stout make and florid complexion, short and thick neck and bilious temperament. She had an apoplectic fit, and was bled by a physician who was called there by some friend in a hurry. I saw her about half an hour after. She was comatose, almost unconscious, her face looked reddish-brown, one pupil was exceedingly contracted, and the other pupil widely dilated and insensible to the light; this was the pupil of the left side, the whole of which side was paralyzed. Her features showed signs of terror. The pulse was heavy, slow and hard. I put her on the use of Aconite, and in about a fortnight she was entirely well and able to resume her usual domestic duties. For a month or two she complained of feeling weaker than usual after making a bodily exertion; this, I suppose, was owing to the bleeding rather than to her attack.

Another lady summoned me in the middle of the night to her house. She was about fifty years old, of a paralytic habit, several of her sisters and brothers had died of apoplexy and paralysis; she had been troubled for months past with numbness and symptoms of constitutional congestion, such as sensation of swelling in various parts of the body; velvety feeling under the soles of the feet, arising from a congested condition of the capillaries in that region; wind rolling off the stomach in extraordinary quantities, partial amaurosis, buzzing in the ears, violent headache, slow pulse. When she sent for me I found her unable to articulate, she looked frightened, her pulse was down to thirty-five, and she made signs that she felt great distress in the head. I gave a few drops of a rather weak tincture of Aconite in a tumblerful of water, in tablespoonful doses every few minutes; after having taken a few doses, the pulse rose up to sixty; she continued the Aconite during the night, and in two or three days she had regained her usual health. In this case the timely use of Aconite undoubtedly prevented an apoplectic stroke.

Another lady, of a very full habit of body, and subject to severe congestive headaches, was suddenly attacked with the following symptoms: Apoplectic state of the head, a sort of stupor, expression of intense distress in the features, dark flushes on the cheeks, unnatural contraction of the pupils, paralysis of the tongue which

seemed immovable, and a slow and hard pulse. I gave her Aconite in water every five minutes; already after the first dose the pulse began to rise, and after the second or third dose she was able to answer a few questions. She stated that she had felt like one dying, and that her tongue had been entirely paralysed. She was entirely restored in a few days.

In a case of *paralysis of the œsophagus*, Aconite saved the patient's life. The patient was a lady of about fifty-five years, of a paralytic habit of body, and had had one severe attack of paralysis which I cured with Aconite. For months she enjoyed perfect health, as good as ever she did; care and grief brought on another attack of paralysis, and this time the part affected was the œsophagus. The condition of the patient seemed really frightful; an expression of fright and agony in her features, constant fear of death by strangulation; desire to swallow and yet inability to bring down a drop of liquid of any kind without choking. The Aconite was held to the tongue every now and then, and a very small powder was deposited upon the tongue every ten or fifteen minutes. In this manner the contractile power of the muscular fibres of the œsophagus was soon restored, and in about a week the patient's health was as good as usual.

On looking at this patient, you would have said that she was designed, as it were, to have paralytic strokes. I treated her four or five times for paralysis, but the last attack carried her off. Paralysis of the heart set in, and although the heart's action became somewhat regular again under the use of Aconite, yet after having lingered for a week or so, the patient died very gradually. I have no doubt that if the reactive energies of her system had not been shattered as they necessarily must have been in consequence of care, grief, and frequent attacks of paralysis, her life would have been saved.

In another case I restored the motor power of one half of the face with Aconite. One side of the face was useless, and drawn down or rather hanging down, the muscles of the cheek and jaws had become paralysed in consequence of exposure to a draught of air. This is *rheumatic paralysis*, as it is termed. Aconite restored the patient's health very speedily.

Paralysis of the sentient sphere, may likewise be cured by Aconite. Complete *loss of smell* for instance, or *anosmia* as it is termed, which has a catarrhal origin, will yield to the use of Aconite. You may be called upon to treat such a case, the Schneiderian membrane is as dry as a chip, and the olfactory nerve is so completely paralysed that the patient is utterly unable to distinguish the odor of sulphuretted hydrogen from the most delicious perfume. Give your Aconite, Gentlemen, one or two drops of the first or second attenuation in a tumblerful of water, in tablespoonful doses every hour or two, and your patient will soon recover the use of his olfactories. In such cases which are not at all unfrequent, I have often given the concentrated tincture in water, and helped the patient in twenty-four or thirty-six hours.

Again, *complete deafness or dysecœa* when caused by paralysis of

the auditory nerve resulting from exposure to a draught, to dampness or to a keen wind, in other words: rheumatic deafness, will speedily yield to Aconite. The patient is utterly unable to distinguish one sound from another, and complains of a thousand noises, roaring, buzzing, blowing, whizzing, in the cavity of the drum. Give your Aconite as recommended for anosmia, and you will be astonished at the ease with which the patient's hearing can be restored.

And likewise in *rheumatic amaurosis*, or rheumatic paralysis of the optic nerve, Aconite will very speedily restore the visual power. We have seen that among the toxicological effects of Aconite, complete amaurosis occupies a prominent place.

Rheumatic paralysis of the bladder is another condition which will speedily yield to Aconite. If the sphincter is paralysed, there will be a continual dribbling of urine: if the muscular fibres of the bladder are paralysed, there will be a complete retention of urine; in either case, Aconite will prove an invaluable remedy.

In the same way you may have *rheumatic paralysis of the rectum*. If the muscular fibres of the rectum are paralysed, there will be a complete inability to evacuate the contents of the rectum; if the sphincters are paralysed there will be a continual, involuntary passage of fæcal matter. In either case Aconite will prove adequate to the removal of this distressing difficulty, not in Old School fashion, entailing distress and chronic weakness upon the patient after a most unreasonable amount of fussing has been perpetrated, but thoroughly and permanently, as in any other curable malady.

In thus recommending Aconite to your most careful consideration, you will not misunderstand me. You will not understand that I recommend Aconite as a panacea for paralysis. In muscular paralysis, when caused by catarrhal irritation, or when resulting from some suddenly and violently operating emotion, Aconite is the chief remedy; but there are other forms of paralysis where Aconite would be of very little, if any, use. They will be pointed out to you in their order. It will be shown you, for instance, that Rhus, Nux vomica or its alkaloid Strychnine; and lead and its salts, Cocculus and perhaps one or more remedies may likewise cure paralysis. The characteristic differences between these various agents will more strikingly appear at a later period of our course, when we shall be able to contrast analogous therapeutic groups under general categories.

Gentlemen, it is astonishing that an agent which is endowed with the most wonderful specific powers of curing paralysis, should not even be mentioned by our book-makers among the medicines which they recommend for this disease. Strange to say, even Teste does not allude to Aconite. Laurie assigns to it two meagre lines under apoplexy, and simply recommends it when there is fever. For paralysis one author recommends Arnica, Bryonia and Sulphur, exceedingly feeble and often inefficient members of the paralytic group, another one recommends a whole batch of absurdly-chosen medicines which prove inadequate in any hands but those of book-makers. There is but one true method of studying the therapeutic character of a drug; you must, in the first place, ascertain its pure

physiological effects upon the system, and by these effects determine its use in the treatment of corresponding diseases.

Our next pathological derangement which will be found curable by Aconite, is

Jaundice. In one of our cases of poisoning, the patient died with all the symptoms of jaundice. This shows that Aconite is endowed with specific powers of deranging or rather of embarrassing the capillaries of the biliary system. If the portal capillaries remain engorged in consequence of deficient contractility of the capillary tissue, the bile must necessarily remain in the circulation, and create disease. We know that bile is a most acrid poison, and it is not at all astonishing that, in the case of this patient, the stomach should have been found corroded here and there, as I suppose, by the blackish bile which was found in the interior of this organ. In another case we were told that the patient threw up black bile: hence we have a right to infer from these symptoms that Aconite must be a great agent in the treatment of jaundice, and even of that most malignant form of jaundice,

Yellow fever, even in the stage of *black vomit.* In this case there is undoubtedly homœopathicity between Aconite and black vomit; Aconite affects the character of the bile, and the forces which generate bile in the animal economy, precisely as bile and the secretory organs of bile are affected in yellow fever; this homœopathicity has a true dynamic basis founded in the inmost principles of the living organism.

Dr. Peters, one of the editors of the North-American Journal of Homœopathy, recommends Sulphuric acid for black vomit. There is no homœopathicity between black vomit and the flocks of blackened mucus which are expelled from the stomach in case of poisoning by Sulphuric acid. What a mistake to confound this purely chemical effect of a corroding poison with the dynamic action of drugs, and to predicate the homœopathicity of an agent upon such a basis!

Gentlemen, there are two classes of physicians in the homœopathic ranks which occupy opposite extremes of our school. Both are more or less useful in their way, but both are utterly and radically wrong in their conception and definition of the homœopathic law. At one extreme we observe a set of men who seem to be troubled with an incurable symptomania; it seems to be their special endeavour to heap Ossa upon Pelion, and to storm the very Olympus where the god of Medicine sits in council with his ministering angels. This is the modern Babel which threatens to destroy the beautiful simplicity of our system and the harmonious evolution of its progressive growth. It is from the physicians who occupy this extreme that we are periodically flooded by a deluge of imaginary symptoms, which not only have no parallel in pathology, but are utterly false because the merest product of a baseless and childish fancy. Look at your fluoric acid provings, some six or seven hundred symptoms, scarcely one of them of the least therapeutic value; scarcely one of them shadowing forth even the faintest outlines of such pathological disturbances as physicians are called upon to prescribe for. Who cares

for your ten thousand little itchings, stingings, jerkings, twitchings; for your myriad of insignificant pimples and spots; for your unmeaning gastric derangements, one prover complaining of a diminished desire for coffee or tobacco, another of an additional belching, another of a little more constipation and still another of a little more looseness than he is habitually subject to? If these symptoms were recorded as the more delicate shades of a grand physiological tableau marked by a few characteristic strokes of a master's hand, they might be received as necessary complements of a group; but when the whole mass of the so-called provings is made up of such insignificant trifles, unrelieved by a single telling and truly characteristic element, then we must, as conscientious practitioners, refuse our assent to such a frothy symptom-fabric and explode it as a monstrous and utterly useless bubble.

At the other extreme we have a set of gross materialists, the very antipodes of the former symptom-hunters. The homœopathicity which they advocate, is based in a great measure upon a fancied similarity of post-mortem appearances, or even upon a similarity depending upon purely chemical changes. Thus, if in a case of poisoning, the mucous coat of the stomach is found softened, as for instance in poisoning by Agaricus muscarius or toadstool, where the mucous and muscular coats of the stomach have been found destroyed in one case, this is set down as an indication of the homœopathicity of Agaricus to gelatinous softening of the stomach. Now, Gentlemen, you will understand that this resemblance of a pathological post-mortem appearance to a similar post-mortem appearance as occurring in disease, is not sufficient to constitute a true homœopathic relation of the drug to the disease. In order that post-mortem appearances may constitute true homœopathic indications, they must be in either case, in the event of poisoning as well as in the natural disease, terminations of the same dynamic process; in other words, both the drug and the disease must set up the same dynamic process in the system, and this process must terminate in the same or a similar pathological disorganization; hence the symptoms which characterize this process during the life of the patient, must likewise be similar; there must be similarity of sensations, of cutaneous appearances; and, if this similarity should hold good, from the incipiency of the two diseases, the drug-disease and the natural malady, down to the changes revealed by a post-mortem examination, then and then only would a resemblance between the post-mortem changes of the drug-disease, and the post-mortem changes of the natural malady, constitute a therapeutic indication, and really and truly seal the homœopathicity of a drug to some peculiar disease. It must be our endeavour, Gentlemen, to discard either extreme. Our School must stand forth as the cradle of that only true homœopathic science which interprets the great law, "Similia similibus curantur," neither as the formula of symptomania nor as a sign-post to the gross and disgusting materialism of a few vain-glorious boasters about pathology: we must teach our profession and the world that a drug is homœopathic to a disease when the drug is capable of setting up a dynamic

process in the system similar to the dynamic process set up by the disease; this similarity must extend throughout the whole of this process, from its first beginnings, from the very first perception of it in the sensorium down to the ultimate pathological degenerations, provided such degenerations are possible; very often the patient's vitality is thoroughly exhausted, and life becomes extinct before the disease has had a chance to exercise its degenerating ravages in the tissues. But let it be understood that the symptoms which characterize this dynamic process, in the case of the drug and in that of the natural malady, must be alike; I use the term alike, for the similarity must constitute an exact likeness of the artificial and the natural diseases; no proving can be accepted as genuine where the effects of the drug do not clearly and unmistakably point to some well marked disease, and, if we are otherwise satisfied, that the proving had been conducted in a thorough and conscientious manner, and if, in spite of our most devoted care and perseverance, the proving of a drug does not yield any decided results, we but fulfil a duty in rejecting all such provings as useless and complicating lumber. Unfortunately there are very few characteristic symptoms to be found among most of our modern provings. I care not what the cause of this utter absence of characteristic symptoms may be, a want of care on the part of the prover, or an inherent deficiency of medicinal power in the drug. The fact may be established by the most superficial perusal of these provings, that they present but few, very few marked and available indications as therapeutic agents. What right, Gentlemen, has any man or any set of men to palm such unmeaning trash upon our profession, and by means of the juggling hocus-pocus of an organization, a Provers' Union and so forth, invest the miserable caricatures of provings, with which our books are filled, with the sanctity of official orthodoxy? It is my right and my duty as your teacher, to point these things out to you as a blemish upon our fair science, and a scandal to all thinking and conscientious physicians. Look at that mass of rubbish, Jahr's Symptomen-Codex, three large volumes, which I published some ten years ago. Always excepting Hahnemann's own original provings, the reprovings of the Provers' Union of Vienna, and the valuable additions extracted by Noack and Trinks from actual cases of poisoning, beside half a dozen short provings emanating from our own midst, what do the thousands of symptoms which are piled up in this enormous reservoir of trifles, signify? Alas, nobody takes any notice of them; nobody studies them, nobody uses them in practice, for a very simple reason: they are utterly unmeaning and utterly unvailable. Gentlemen, you have a vast field before you. Let it be your earnest endeavor to simplify our Materia Medica, to purge it of its many weeds and enormities, and it will not be many years before Homœopathy shall walk over the land like a goddess among gods.

The next disturbance which I have to recall to your recollection is

Bilious Diarrhœa. In one or more of our cases of poisoning the patients discharged green bile from the bowels. This condition of

the bowels is apt to occur in summer and at the beginning of autumn, particularly among children. Aconite is one of the great remedies which we may effectually resort to in order to arrest this difficulty. This difficulty may arise from a weakness of the neck of the gall-bladder; the constricting power of the neck being weakened by the heat of the weather and by the sudden alternation of hot days and cool nights, the bile is poured through the ductus choledochus communis into the bowels in inordinate and irregular quantities, and hence the constant irritation of the bowels and the frequent discharges of bilious stools.

This condition may likewise arise from an engorgement of the portal capillaries in the bowels, resulting in the accumulation of bile as a foreign agent, which manifests an irritating influence upon the intestinal lining membrane, resulting in frequent and painful discharges of mucus and fæcal matter mixed with bile.

In Cholera morbus these green stools are frequently present; green stools, vomiting of green bile, soreness, cramps in the calves, headache, dizziness, burning in the epigastric region, intense thirst, constitute a group of symptoms which will sometimes attack the patient all of a sudden during the summer and fall, either in consequence of exposure or of some indiscretion in eating or drinking; this group of symptoms constitutes an attack of cholera morbus, and we have seen from our toxicological cases, that Aconite, is eminently capable of producing all these symptoms in the healthy organism, and that hence it must be capable of curing them. But in such affections you will not be able to get along with Aconite, unless you use the lower preparations, even a drop of the tincture in a tumblerful of water. I have often tried the difference between the attenuations and the tincture in such cases, and my experience is uniformly in favor of the lowest preparations.

You will recollect, that in one case the patient exhibited all the signs of an attack of

Asiatic Cholera. The characteristic symptoms of this case were the coldness of the tongue, collapse of pulse, cramps in the legs, vomiting and diarrhœa, and so forth. The attack resembled cholera so closely that Dr. Pereyra concluded to give his patient Guaco which he had found an efficient remedy during the paralytic stage of cholera. I have often found Aconite eminently useful, during the first invasion of the disease, in restoring the pulse and rousing the vital reaction generally. Veratrum, Camphor, Arsenic, or perhaps some other remedy may be appropriately used after Aconite.

The specific effects of Aconite upon the respiratory organs will not be forgotten. Aconite causes, and will therefore cure

Dyspnœa, Orthopnœa, and if *Apoplexy of the lungs* can be said to be a curable disease, Aconite will cure this disorder. If we consider that in

Pneumonia the lungs are exceedingly gorged with blood, Aconite must suggest itself to us as an invaluable agent in this disease. In pneumonia some of the most characteristic symptoms point to Aconite: the dyspnœa, orthopnœa, and, as I shall show you by and

by, the cough, pain, rusty sputa, and the inflammatory fever, indicate Aconite as a prominent remedy. In

Spasmodic Asthma, when resulting from exposure to keen wind, or from the retrocession of some acute eruption, acute nettle-rash, and the like, Aconite will be found invaluable; the orthopnœa of Aconite is equivalent to an attack of spasmodic asthma.

We have seen that in one case Aconite caused

Ophthalmia with profuse discharge of acrid tears. The attack must have been most intense, for the pain was so agonizing that the patient preferred death to such sufferings. This group of symptoms occurs in arthritic and scrofulous ophthalmia; a most intense inflammation, sensitiveness to the light, profuse discharge of acrid and scalding tears: these symptoms point to Aconite as a sovereign remedy. In this most obstinate and dangerous form of ophthalmia, Aconite may have to be used more or less as long as the disease lasts, in alternation with Arsenic, Hepar sulphuris, or Corrosive sublimate; and even, if we should not be called to the patient until at a later period of the disease, when disorganizations of the cornea have already commenced, Aconite will still be found of sovereign importance to effect a resolution of the organic alteration of the parts. It stands to reason that, if Aconite is so eminently useful in scrofulous and arthritic ophthalmia, it must likewise be useful in common catarrhal or rheumatic ophthalmia; and this fact has been abundantly verified by clinical experience.

From some of our cases of poisoning we have learnt that Aconite is a specific remedy for

Inflammatory fever, whether simply *catharral* or *rheumatic*, or even for the more complicated forms of inflammatory fever, *bilious* and *gastric* fever. Aconite will either cure these fevers without the use of any other medicine, or else it will pave the way for the next remedy; more than three remedies are hardly ever required by these fevers, although there are physicians who do not hesitate to use from six to ten medicines in simple bilious or gastric fevers. I trust that such bungling will never be laid to the charge of gentlemen who have graduated in this institution.

We have seen that

Convulsions may be caused by the use of, and therefore must yield after the exhibition of Aconite. Other remedies produce convulsions and may be capable of curing them; but the effect of Aconite upon the nervous system is exceedingly striking, and if the convulsions arise from secondary congestion of the brain, or from some irritation of the peripheral nerves, teething, worms, pain in the bowels, Aconite will sometimes prove a more powerful sedative than any other drug.

Nervous tremor of the extremities, which sometimes amounts to *St. Vitus' dance* or *Chorea* as we term it, will often yield to the use of Aconite. You will recollect that excessive mobility of the limbs, a perfect inability to keep the limbs quiet, and a constant tremor of the lower extremities, are symptoms which Aconite developed in one of our cases in a very striking manner. It seems hardly necessary to again advert to the fact that

Hysteric, Puerperal and *Epileptiform Convulsions* will often find in Aconite one of their most efficient remedies.

In my next lecture I shall endeavor to present a systematic arrangement of the symptoms of Aconite, including toxicological effects as well as symptoms obtained by systematic provings, under appropriate heads. If I have extended my remarks to some length, it has been for more than one reason. In the first place I know and feel that it is utterly impossible for a homœopathic physician to practice Homœopathy to his satisfaction, unless he is thoroughly acquainted with the therapeutic virtues of Aconite and of the polychrests generally. Moreover, in going over the therapeutic range of this drug, I have been afforded an opportunity every now and then, of giving utterance to my own views concerning various points of doctrine.

Aconite is one of the mainstays of our practice, and a knowledge of the therapeutic properties of this agent will amply repay the trouble of acquiring it.

LECTURE IX.

After having communicated to you a number of the toxicological effects of Aconite, I will now give you the prominent Aconite symptoms obtained by systematic provings upon the healthy. These provings have been conducted with a devotion and a conscientiousness worthy of so noble a cause. You will readily perceive the necessity of such provings. How could we know to what diseases a drug is homœopathically adapted, unless we first ascertain in some way or other what effects the drug is capable of producing in the healthy organism? We know that these effects must represent some kind of natural disease. We know that drugs and natural diseases both emanate from the same source; that, in the case of the natural disease, the morbific principle invades directly the tissues of the organism at some opportune moment; and that, in the case of the drug, the same morbific principle or force acts upon the tissues of nature, if I may be permitted to use such a term, producing in the one instance the natural disease characterized and manifested to the senses by its own pathognomonic phenomena, and, in the other case, developing out of the soil and water of nature, under the stimulating influence of the sun's heat and light, its own material substratum or representative in the shape of some plant, animal or mineral. Now in order that we may know what drug and what disease correspond with each other, in other words what drug and what disease have emanated from the same morbific essence, and are therefore in the closest possible therapeutic relations of similarity to each other, is it not evident that we have to ascertain by careful and systematic provings the effects which the different drugs are respectively capable of producing in the normally-existing organism?

But it is likewise evident that these provings must be conducted by men who possess the necessary amount of health, intelligence and observing and discriminating acumen. If the symptoms which we obtain through our provings, do not shadow forth in striking features the diseases which afflict humanity; if these provings are conducted in such a loose and flippant manner that the determination of the homœopathicity of a drug to a given disease is mere guess work, these provings should be rejected without a moment's hesitation. Most of the provings with the so-called antipsoric remedies which we find recorded in Hahnemann's Chronic Diseases, have been conducted with the 6th up to the 30th, and some of these exclusively with the 30th potency. I have told you in a previous lecture that, in introducing these provings to his readers, Hahnemann remarks in a note, that many of the symptoms being unreliable, he had to reject a large number of them, in spite of which many vague symptoms had nevertheless to be permitted to remain. Many of our former and more recent provings are utterly useless in practice. Take for instance the provings of Apis mellifica. The therapeutic range of this drug is exceedingly limited, not extending over more than half a dozen affections, and yet the pretended symptoms of this agent occupy some twenty octavo pages or more. Graphites has upwards of a thousand symptoms in our books, and yet we only use it for some cutaneous affections, a few menstrual irregularities and perhaps one or two gastric disorders. And these remarks apply to the larger number of our drugs. When will the period arrive when all these excrescences shall be expunged from our books?

On the other hand, in attempting to get up a new and more reliable Materia Medica, we should not rush into the opposite extreme, and, instead of fulfilling the just and legitimate expectations of our readers with reference to a reconstruction of our Materia Medica, we should not embody a perfect chaos of gross and unmeaning materialism in our compilations. Every allœopathic empiric is ransacked by what we might term the pathological branch of our school, and his crude speculations are mixed up with our own pathogenesis without the least reference to our own law of cure, thus paving the way for a complete demolition of the glorious structure which the great genius of Hahnemann has called into being! This gross materialism, these filthy and meretricious combinations of the pure pathogenesis of our drugs, obtained in many instances through heroic sacrifice and patient labor, with the crude and unreliable empiricism of Old-School authors, lead to the production of such a compound of delusive theories, of erroneous applications and dangerous deviations from the path trodden by Hahnemann and by all his true and devoted disciples, that we may well pause and ask ourselves, where are all these things to end? Alas! my heart feels sad at the prospect before us; if the bold empiricism and the nauseating materialism which some of our modern writers on Homœopathy advocate, are to become the rule and custom of future generations, then Homœopathy will have to be re-made; some new Hahnemann will have to rise up in the midst of this disorder, and teach the world the true Science of Therapeutics.

It is not difficult to account for this opposition to the usages and teachings of Hahnemann. It is the natural reaction against the silly and pernicious absurdities, which some of the pretended leaders of the symptom-school have been guilty of. In the first place they have averted by their childish provings the more rigorous and scientific minds of our School; and in the next place, they have exposed the whole science of Homœopathy to public derision by the ridiculous manner in which they have sought to apply our law of cure. What must rational men think, for instance, of Bœnninghausen's recommendation to the German governments, to abolish vaccination and to substitute in its stead the use of Thuja as a preventive of small-pox? Upon what is this bold recommendation based? Why, simply upon the fact that among the physiological effects of Thuja we discover in one case a pustule, which is supposed to resemble the small-pox pustule. There is not the remotest similarity between the Thuja disease and the small-pox disease; but because this one Thuja-pustule happens to resemble in its outward shape the small-pox pustule, Thuja is at once declared a specific for small-pox, and an infallible preventive against this frightful disorder. This levity must necessarily have been followed by an opposite tendency characterized by an adherence to the grossest pathological materialism. What we now require, is an union of true pathogenesis and pathology; let us explore the therapeutic range of every drug by careful provings upon the healthy; results thus obtained, in combination with toxicological symptoms, will afford us a correct and clear view of the diseases to which a drug is applicable. But the idea of exploring the therapeutic character of a drug by means of the 6th, 30th or 200th potency is, in my estimation, preposterous. Our attenuations act upon disease, which is a dynamic disturbance of the organism brought about by the invasion of some morbific essence; and they may affect the normal tissues in some cases, where an idiosyncratic relation prevails between the prover and the drug. But attenuations cannot be depended upon in proving a drug. Gentlemen, allow me to take this opportunity of expressing my most emphatic condemnation of this method of proving. If you should be desirous of proving new drugs, or of re-proving those which we now have, prove them in massive doses of the concentrated tincture first, beginning with a few drops and gradually increasing the dose until you are satisfied that no new symptoms can be obtained short of poisoning yourselves. Having proved your drug with massive doses of the tincture, you may then prove the attenuations, and if they are at all capable of affecting the healthy organism, the results obtained by means of them will confirm the provings with massive doses; but it is absurd to depend upon the 3rd, 6th or 30th attenuation as exclusive means of obtaining a correct knowledge of the therapeutic properties of a drug. This is not the way that Hahnemann pursued, in proving the drugs contained in his Materia Medica Pura. All these drugs have been proved with massive doses, and even Mercurius was proved with doses which often developed poisonous effects.

A great many of these original drugs have been re-proved by the Vienna Provers' Union. In order to show you how these men go to work in their business, let me give you a single example of an Aconite-proving.

This drug was re-proved by a society of 16 persons among whom were two females. The drug was re-proved with massive doses of the tincture, of from 5 to 130 drops. One of the provers, Dr. Arneth, first took 10 drops of the tincture, and in a few hours 15 drops more. The result was a burning sensation on the tongue.

On the 21st of February, a few days after the former proving, he again took 15 drops of the tincture. Immediately after taking them, he experienced a burning sensation on the tongue and a violent pressure and rather deep-seated stitches in the anterior portions of the eye-ball.

On the 22d, early in the morning and evening, he took 20 drops of the tincture, and on the 23rd, at noon, 30 drops. Immediately after swallowing the drug, he experienced the same symptoms as before. He discontinued the medicine for some 6 days. On the 26th he experienced the following symptoms: violent coryza, shivering over the back, especially towards evening, slight difficulty of breathing, with slight pressure behind the sternum, occasional flashes of heat, accelerated and rather full pulse. The nights were very restless, and he had vivid dreams of what he had been doing the day previous.

On the 28th, morning and evening, 25 drops followed by slight increase of the above symptoms. On the 29th, forty drops. Beside the former symptoms, he experienced, immediately after taking the medicine, some pinching around the navel, followed soon after by a painless diarrhœa; afterwards he felt a painful pressure in the region of the left eye-brow; towards evening the febrile symptoms increased. Not knowing what drug he was proving, and in order to moderate the increasing violence of the fever, he took a few pellets of Aconite. The following night he was very restless and dreamed about a patient who interested him very much. On the 30th, not perceiving any abatement in the symptoms, he took a few more globules of Aconite. The febrile excitement continued until the 8th of March, without any abatement. On the 7th of March, the dyspnœa was worse; there was great oppression in the region of the heart, accompanied by intermittent pulse. There were five hard, full, quick beats, and the sixth beat intermitted both at the heart and wrist. This symptom continued all day; the prover looked pale and thin; his gait and whole appearance were those of a sick man; he experienced a burning sensation in the urethra when urinating.

On the 9th of March, sense of contraction in the hamstrings, with pain in the left patella as if he had knocked it against something. These symptoms continued on the 10th and 11th of March. On the 12th, the prover experienced for about ten minutes a peculiar sensation in the eyes; sense of warmth and an undulating feeling, with involuntary half closing of the eyelids; although the room was very bright, yet he fancied that the darkness was so great that he should

hardly be able to discern printed type. He tried a book and found that he had his sight; this last symptom continued for some time; when amaurosis first sets in, patients sometimes experience just such a symptom.

On the 13th, slight drawing in the right shoulder, which passed off towards noon; this was followed by a drawing and tearing, with a feeling of lameness in the articular extremity of the left upper arm, for two days.

On the 15th, sense of contraction in both tendines Achilles; he found it difficult and painful to stand erect without his knees shaking; these symptoms continued for about three weeks, during which time the use of the drug was discontinued.

On the 5th of April, Dr. Arneth resumed his proving. He now selected for his experiments the third, second, and first attenuations. The nights were restless, he dreamed of things that had occurred years ago, so vividly that the event seemed quite recent even after waking; he experienced some dulness in the head and blew a little blood from the nose.

On the 20th of April, he took 50, and on the 21st, 60 drops of the concentrated tincture. This caused discharge of blood from the nose, and an aching pain in the whole head.

On the 22d of April, 80 drops of the tincture. He had a restless night, and a vesicular eruption made its appearance on the temples.

On the 23d, 100 drops, followed by discharge of blood from the nose, violent twitchings of the extremities when on the point of falling asleep, so that it woke him; restless night. This day and the day before, he experienced, immediately after taking the drug, a violent desire to vomit, which was only slightly moderated by eating his simple breakfast, (bread and milk.)

On the 24th of April: 130 drops of tincture. Immediately after taking the dose, he experienced a violent inclination to vomit, with violent tightness and dulness of the head. This terminated the present proving; the Doctor concluded that the sensitiveness to the action of Aconite had been too much impaired, to enable him to elicit any new or striking results.

The other provings were all conducted in the same heroic manner, and yielded most brilliant and invaluable results. There is a symptom in the former proving, which alone would have compensated the doctor for the trouble he took in instituting his experiment; it is the sensation of contraction in the tendons of the flexor muscles of the knee joint, and of the gastrocnemii muscles. *Rheumatic inflammation and contraction of the tendons* is an exceedingly troublesome affection, and how beautifully does this proving show us that Aconite is a remedy for this condition.

Among these systematic provings of Aconite there is one other proving which I will briefly relate to you; it was instituted by a student of medicine, and exhibts an intensity of devoted enthusiasm worthy of such a noble and useful cause. This proving, Gentlemen, may perhaps suggest the propriety to some of you, of instituting similar re-provings with some of our drugs; you could not select a

better subject for a thesis than the re-proving of some important remedial agent.

Our prover was 23 years old, of sanguine temperament, slender make, and had had an attack of palpitation of the heart during the previous year, which had at once yielded to the third attenuation of Aconite. Since then his health had been perfect. During the space of 60 days, he took 2386 drops of the saturated tincture of Aconite.

He commenced his proving on the 14th of February. On this day, and on the 15th and 16th he took each day, morning and evening, 10 drops; on the 17th he took 15 drops, morning and evening; from the 18th to the 22d he took 12 drops each day twice, and from the 22d to the 27th he again took 15 drops morning and evening; from the 28th of February to the 3d of April, he took 20 drops. These doses induced the following symptoms: scraping sensation in the fauces, smarting and biting on the lips, congested condition of the palate and tonsils, tearing pain during the whole extent of the right fore-arm, wrist-joint and fingers.

On the 5th of April he took 24 drops. After this, tearing in the right upper arm and in the upper third of the right thigh.

On the 6th of April: 24 drops early in the morning; this dose was repeated every day, sometimes once and sometimes twice, until the 15th of the same month. On the 6th he experienced a scraping sensation in the throat, and the capillaries looked injected; towards evening he felt a tearing pain in the right upper arm, extending towards the elbow-joint, and also in the thigh, towards the knee-joint; on the 7th he suddenly felt a tearing pain in the left knee-joint. On the 8th and 9th, he complained of a violent tearing felt alternately in the right and left thigh, in the right knee-joint and right fore-arm. On the 9th, scraping in the throat and violent congestion about the uvula and right tonsil.

On the 10th, an hour after taking the drug, as he walked out into the open air, he was attacked with violent palpitation of the heart which continued for fifteen minutes. The same attack was experienced after the evening potion of Aconite. The tearing in the extremities had left him. On the 11th, the same paroxysms of palpitation were experienced, but no tearing in the extremities. The heart beat more rapidly and more vigorously than usual. He slept soundly and without dreams as usual. The disappearance of the tearing pains in the limbs, and the appearance of the palpitation of the heart, which evidently developed itself as a substitute for the pains, show that this palpitation was of a rheumatic character, and hence pointed to a rheumatic irritation of the heart.

On the 12th, he felt a violent tearing in the right arm as before, and the beats of the heart had again become normal; the tonsils and uvula looked inflamed, with scraping in the throat.

On the 13th, palpitation of the heart, for about half an hour, accompanied by a sensation as if the thorax was narrower than usual. In the evening, between five and six o'clock he felt a tearing in the left shoulder-joint.

On the 14th, palpitation of the heart, but no tearing pain. The

bowels had been confined for three days; after the lapse of this period he had a hard stool.

The proving was now discontinued until the 17th of April. On the evening of this day our prover again took twenty-four drops of the tincture. Two hours after taking the drug, he experienced a violent and rapid beating of the heart for about half an hour.

On the 18th and 19th he took twenty drops early in the morning. On the 18th he experienced a tearing pain in the whole fore-arm; on the 19th the tearing disappeared, but a violent beating of the heart set in in its place.

On the 20th, in the forenoon, the palpitation of the heart was more violent than ever, accompanied by great anxiety and impeded respiration. In spite of the intensity of these symptoms he again took twenty drops about half-past twelve o'clock of the same day; the beating abated afterwards, but continued the whole day and evening; moreover he felt a tearing and a sensation of formication in the right arm.

On the next three succeeding days, he took twenty-four drops each day; and not perceiving any striking effects from these doses, he concluded to increase them, and from the 23d to the 26th of March he took forty drops every morning, and for thirteen days following fifty drops of the tincture every day, with the following result:

On the 23d, in the evening, he complained of a tearing in the bend of the arm. On the 26th, violent tearing for half an hour. On the 27th, a quarter of an hour after taking the drug, confused formication along the left arm. On the 28th, between eleven and one in the forenoon, he was attacked with violent palpitation of the heart; short-lasting coldness, a sort of momentary shaking or chill; this was followed by heat and immediately after, sweat. On the 29th, tearing in the bend of the left arm for about ten minutes, and a sudden, although short, but violent and compressive pain in the upper margin of the right orbit. On the 31st the same symptoms, as on the 29th, but late in the evening; moreover pressure on the left eyeball as from a heavy weight. The tearing in the orbital margin continued for several days. On the 2d of April, on going out, violent palpitation of the heart, without any further difficulty. On the 3d, in the forenoon, he felt the same tearing-pressing pain in the left orbit, and a sense of constriction as if the eyeballs should be pressed out. On the 5th and 6th these symptoms were again felt after having intermitted during the whole of the 4th. On the 7th, early in the morning, about quarter of an hour after taking the medicine, violent palpitation of the heart continuing for about half an hour, with great anxiety and dyspnœa; the pain in the right orbit continued. After walking for an hour very slowly, the muscular energy of the lower extremities was exceedingly diminished, and continued to decrease after an afternoon walk. During an interval of rest after the walk, he was attacked with a chill which lasted for some ten minutes; this was followed by intense, although short-lasting heat and profuse sweat; accompanied by heaviness of the head and a sense of dizziness and shaking of the head.

On the 9th of April, at 7½ in the morning, he took 70 drops of the tincture. In a quarter of an hour he felt violent palpitation of the heart and great oppression on the chest; moreover a sensation of pressure in the right orbit and heaviness of the head; he felt like one intoxicated and was utterly unable to pursue his studies.

On the 10th of April, at 7½ in the morning: 50 drops of the tincture. Soon after, palpitation of the heart, with great oppression of the chest; during the day, the head felt heavy, dizzy; whizzing in the head and ears which was made worse by reading some light piece; he had to give up his reading and to rest; he staggers about like one who is intoxicated.

On the 11th: 50 drops. Tearing in the right fore-arm which was more violent than ever, and lasted from 12½ to 5 o'clock in the afternoon; the vertigo and staggering of the previous day continued.

At 9½ in the evening, the same dose. The tearing comes on again with the same intensity, and continues until midnight.

On the 12th, he took 100 drops, without experiencing any remarkable effects.

On the 13th: 120 drops of the strong tincture. From 11¾ to 5½ in the afternoon, he experienced an uninterrupted feeling of tearing in the whole of the left fore-arm, and in the left hand and fingers. The same symptom occurred about the same period on the day following with equal intensity, but only in the forearm, and only lasted until 3 o'clock. The beats of the heart were more rapid and the breathing labored. There were no morbid symptoms during the day. The difficulties about the heart and lungs were likewise experienced on the 16th in the forenoon. On the 17th, in the forenoon, from 10 in the morning, he felt a painful pressure over the whole skull as if the whole of it were uniformly compressed on all sides; sometimes this painful pressure was felt most intensely in the left orbit. This pain continued until 1 o'clock in the afternoon, returned on the following day about the same hour with increased intensity, decreased about 12 o'clock, and disappeared entirely about 1 o'clock during dinner, and returned again at 3 in the afternoon with the former intensity. In the forenoon this pressure about the head was accompanied by tearing in the fore-arm, great anxiety and dyspnœa; the beats of the heart were not perceptibly increased.

On the 19th, 20th and 21st there were no symptoms.

After irregular intervals of 3, 4, and 5 days he had during the day slight paroxysms of tearing in various parts, but most generally in the left fore-arm, which gradually decreased in intensity. The palpitations which troubled him every now and then, finally ceased entirely. These tearing pains, of which he had never experienced the slightest trace previous to his proving, came on occasionally even weeks after the proving had been entirely discontinued.

In this remarkable proving, which bears evidence of the most devoted enthusiasm for the cause of science, the alternate appearance and disappearance of the tearing pains in the left arm and of the palpitation of the heart is a most interesting and instructive phenomenon. These tearing pains were evidently of a rheumatic character, and hence we conclude that the affection of the heart which,

whenever it set in, absorbed these pains as it were, must have likewise been of a rheumatic character. And hence again we may conclude that in

Rheumatism of the Heart, whether acute or chronic, Aconite must be a great, if not our greatest remedy. But, Gentlemen, let me assure you that, in acute rheumatism of the heart, you have to operate with large doses. Your safest plan is to give the Aconite in tincture form, one or two drops in a tumblerful of water, and to continue this prescription until the disease is thoroughly banished and all danger of disorganization is gone.

If these tearing pains in the left arm and the palpitation are accompanied by irregularity and intermission of the pulse, sallow complexion, sense of fright, depression of spirits, and so forth; and if the stethoscope confirms our suspicion that there is

Organic disease of the heart, Aconite may still prove a useful palliative, together with Digitalis and other drugs. The painful pressure over the cranium points to

Rheumatism of the scalp, which Aconite will likewise cure.

There are more provings of Aconite, but time will not permit me to review them all. Nor does this seem necessary. From these few cases of proving, and from the cases of poisoning which I have related to you, you must have obtained a pretty accurate knowledge of the curative sphere of Aconite. I have endeavored to impress upon your minds the remarkable fact that Aconite is our great antiphlogistic agent, that is: our great means of combating acute inflammation. We know from actual experiment that Aconite is endowed with a specific capacity of inducing a spasmodic torpor of the tissue of the terminal capillaries. The first effect of this spasmodic torpor is to cause arterial capillary engorgements. We have not yet succeeded, in spite of our microscopic investigations, in determining the true character of capillary circulation; but it seems to be generally admitted that the terminal capillaries of the veins inosculate with the capillaries of the arteries, and that the circulation is carried on in this manner. Now, if these capillaries are closed or only contracted, torpid or semi-paralyzed, similar to what we may suppose might be the effect of cold, what must be the effect of such capillary stagnations upon the general circulation? The necessary and unavoidable consequence must be to induce, as I have said before, arterial engorgements. The arterial ramifications, as they approach the capillaries, must necessarily swell up in consequence of this afflux of blood, which is deprived of its natural outlets, and we have precisely such a condition as we term congestion or inflammation. In proportion as this stagnation of the capillaries is more or less complete, we have as a symptom of reaction either a state of simple passive plethora, or of more or less acute congestion or inflammation.

And you will understand, Gentlemen, that this arterial engorgement may exist in any part of the system. It may exist in the special organs of sense, in any of the internal viscera, in the brain, in the fibrous tissue, in one word, it may exist in any part of the system which is provided with capillaries. This accounts for the

fact that, although there may not be among the provings of Aconite the counterpart of every form of acute inflammation, Aconite is nevertheless specifically adapted to acute inflammation, no matter what organ it may have invaded. Acute or true phlegmonous inflammation will always yield to Aconite more or less, and will, in almost every case, become more manageable, even if other medicines have afterwards to be resorted to. If the part is swollen, hot, painful and red, and if the constitutional symptoms of inflammatory fever are present, give your Aconite. If the pulse is hard, bounding and full, as it necessarily must be, do not think of bleeding your patient; give your Aconite. Do you not see how easily we may account for this bounding of the pulse? Here is this capillary torpor which the heart has to overcome by its *vis a tergo*, as it were. The heart propels the column of blood, or, at all events, seeks to propel it, with unabating energy. Now, if the blood cannot pass through the engorged capillaries, and the undiminished column of blood is propelled against them with the usual vigor of the central regulator of the circulation, must not a tumult ensue in the larger vessels? Must not the pulse become full, hard and bounding? Give your Aconite, and as soon as the medicine begins to act upon the capillaries, they will recover their elasticity, the column of blood will again pass through these delicate channels with its usual rhythmical ease, the pulse will come down, the heart will be quieted, and the cutaneous exhalations which had been interrupted for the time being, will not only be restored, but will be carried on much more profusely than before, in order to make up for past deficiencies.

The same process will take place in all such congestions as Aconite possesses the power of curing, more especially rheumatic congestions. But you must not forget that these diseases generally run a course; that they are characterized by periodical exacerbations which seem inherent in the remittent type of all febrile conditions, and that, on this account, you may have to continue your Aconite, in alternation, perhaps, with some other remedy which is more specifically adapted to the local affection, until the disease has reached its termination. Whether it is pneumonia or orchitis, erysipelas or inflammatory rheumatism, you will give your Aconite, whenever and wheresoever phlegmonous inflammation has set up its dangerous action in the organism, and you will do your patient far more good by this simple proceeding than by resorting to any of those devastating and murderous processes which an Old-School physician is compelled to use.

I have shown you so far, that Aconite is our specific remedy for acute or phlegmonous inflammation, no matter what organ may be the affected part. I have shown you, moreover, that the phenomena by which we recognise inflammation, arise from a torpid or semiparalytic condition of the terminal capillary tissue, the necessary consequence of which must be arterial engorgements characterized by such symptoms as these: sense of fulness or swelling in the part, or actual swelling; increased temperature of the part; pain in the affected region, such as aching, stinging, shooting, beating, burning pain; redness of the part and, accompanying these symptoms, gen-

eral inflammatory fever ushered in by a more or less violent chill which is soon succeeded by heat and dryness of the skin, thirst, a hard, full and bounding pulse and whatever may be the other symptoms characteristic of acute inflammation.

I have likewise shown you, that this stagnation or torpor of the terminal capillaries may lead to acute congestion in the part where this derangement exists. In simple congestion of the part there is less danger of the disease terminating in disorganizations than there is in acute inflammation; and, in the hands of a thoroughly experienced practitioner, Aconite is often sufficient, in true rheumatic congestion, to restore the normal condition of the part, although it is perfectly legitimate and may be necessary, in many cases, to use some other drug beside Aconite, in such dangerous affections.

And in *passive plethora,* which is generally a constitutional weakness of the capillary system, Aconite will likewise prove useful. Passive plethora is a moderate arterial engorgement depending upon a natural inability of the terminal capillaries to expand and contract with appropriate regularity. In consequence of this weakness, a general and more or less permanent engorgement of the superficial arterial capillaries must necessarily take place.

If you have well understood the action of Aconite upon the terminal capillaries, which is: to cause a torpor of these delicate vessels, you will find it an easy business to account for a variety of morbid phenomena which might otherwise seem obscure and even unintelligible. How would you manage, for instance, to account for and successfully to treat, what is termed a *rush of blood,* if you were unacquainted with the action of Aconite upon the terminal capillaries? This so-called rush of blood is not an actual rushing of the blood. Suddenly, by some cause or other, the capillaries become torpid in a certain locality, and the immediate consequence of this capillary stagnation is an engorgement of the arterial ramifications through which the blood courses towards the affected part. The suddenness of this phenomenon makes it appear as though the blood were actually rushing to the vessels, whereas the opposite is the case; the blood, so far from rushing, is arrested in its course, and this sudden arrest of the circulating fluid gives rise to a variety of phenomena which differ according as one or the other locality is the seat of this weakness.

A rush of blood to the brain, may lead to vertigo, dimness and even momentary loss of sight, buzzing in the ears, sense of fulness in the head, throbbing in the head, heat about the head, sensitiveness of the scalp to pressure, and other symptoms.

If the heart is the seat of the trouble, the symptoms will necessarily be: a sense of weight about the heart, palpitation, and sometimes a feeling of soreness, and, accompanying these symptoms, very often a feeling of fright and anxiety, despondency, and forebodings of death.

A rush of blood to the lungs would be characterized by oppression, a desire to take a deep breath and to expand the chest.

A rush of blood to the stomach would induce a feeling of fulness

and weight in the stomach, soreness or sensitiveness to pressure, nausea, inability to retain food.

A rush of blood to the bladder might be characterized by soreness in the region of the bladder, a feeling of warmth and fulness in this organ, continual urging to urinate, sometimes with discharge of a clear, light-colored urine, although the urine may likewise be more or less highly-colored and cloudy.

The phenomena by which a rush of blood to certain parts is characterized, may easily be determined with a little reflection; they are necessarily depending upon the locality and functions of the part. But wheresoever this rush of blood may take place, it is invariably treated with Aconite as its true specific remedy. You will perceive, Gentlemen, that a rush of blood, passive plethora, congestion and inflammation are analogous conditions and that there is prima facie evidence, as it were, of the homœopathicity of Aconite to any of them.

If we now succeed in accounting for the chill in fever, we shall possess a pretty correct philosophy of the action of Aconite upon the living organism. It is generally conceded that the oxygenation of the venous blood serves as a means to the vital force of developing and preserving the normal temperature of the body. This process of oxygenation is carried on in the capillaries of the lungs and as long as it goes on harmoniously and without any interruption, the natural standard of animal heat is preserved. But if, from some cause or other, the supply of venous blood in the pulmonary capillaries should be suddenly checked or only diminished, a chill takes place which continues more or less until the arterial re-action has become fully established.

The supply of venous blood in the lungs may be interfered with by an embarrassment in the capillary circulation being set up in any locality. Aconite affecting the living organism in just such a manner, by embarrassing the capillary circulation, must be capable of producing that whole series of phenomena which characterize inflammatory fever, and we have seen from our provings that it does produce the chill, and the subsequent heat and sweat in regular succession. The animal as well as the organic sphere, may become subject to the action of Aconite. Wheresover the cranial, the spinal or the sympathetic nerves send their terminal fibres, there an inflammatory action may be set up which may require to be combated by Aconite.

Our last provings have even revealed to us the interesting fact that Aconite may be given in chronic diseases. In one case, the rheumatic tearing pain in the arm, which the prover experienced, continued even weeks after the proving had ceased. As regards the dose, I may offer you my own opinion which is, of course, based more or less upon experience, without however expecting to settle this question. Aconite may be given from the strong tincture up to the 200th potency. But let me assure you that, as a general rule, it is far safer, in all acute diseases, to give the lower than the higher potencies of this agent. In simple catarrhal or rheumatic fever you may get along with the 12th or even 18th potency, but even in

these simplest of all inflammatory affections, you will do your patient more good by treating him with the lower than with the higher attenuations.

In all inflammatory diseases the lower attenuations seem to develop a normal reaction much more rapidly than the higher.

In the acute local inflammations for which Aconite is indicated there is a tendency to exudations, adhesions, enlargements, indurations. Such terminations are far more certainly and promptly prevented by the lower than by the higher potencies of Aconite.

In some acute affections, such as rheumatic endocarditis, articular rheumatism, congestions of vital organs, the lower preparations are preferable to the higher.

In acute ophthalmia, and more particularly in arthritic or scrofulous ophthalmia, and in all acute inflammatory affections of the eyes, iritis, conjunctivitis, etc., I should never hesitate to give the strong tincture in preference to the attenuations.

In acute inflammations of the fauces, the tincture is preferable to the potencies.

In erysipelatous inflammations I never hesitate to give the lower potencies.

In acute inflammations of the mucous membranes I pursue the same course.

In acute hæmorrhage, I always give the strong tincture.

In paralysis of the motor or sentient system of nerves, and in cerebral apoplexy, I prefer the tincture.

In chest-affections you have to use Aconite more guardedly. In acute pneumonia the tincture may generally be given without causing any unpleasant aggravations, but in chronic pulmonary affections, the attenuations from the 6th up to the 12th, are preferable. In chronic chest-affections the tincture sometimes causes a tightness and constriction, and the cough, instead of becoming looser, becomes more tearing.

In neuralgia, both the lower and the higher preparations may be of use; if the larger nervous trunks are affected, the lower preparations are generally more serviceable, and if the more delicate nervous filaments are attacked, the higher attenuations up to the twelfth may be employed.

In bilious neuralgia which is always characterized by a burning pain, the tincture is generally preferable to the potencies.

In congestive or inflammatory conditions induced by wounds, sprains or contusions, the use of the tincture is perfectly appropriate.

You will not forget, that the tincture of the root, if properly made, is more powerful than a tincture made from the leaves and flowers of the Aconite plant; it is supposed to have six times the strength of the ordinary tincture.

In dropping a drop of a strong tincture from the root into a tumblerful of water, you see an acrid resinous substance diffusing itself over the surface of the water. In the tincture from the leaves this substance is not so apparent. It is in this resinous principle that the more active powers of Aconite reside.

An alkaloid is obtained from Aconite, termed Aconitine. This

is supposed to be the active principal of Aconite, and if suitably prepared, is the most active poison known, hardly excepting hydrocyanic acid. Mr Morson's Aconitine is so powerful that $\frac{1}{10}$ of a grain came very near destroying the life of an individual. The effects of Aconitine upon the skin are the same as those of the Aconite root; if a small quantity of an Aconitine solution or ointment is rubbed upon the skin, a violent burning and tingling are experienced, and the part becomes numb; these symptoms continue for from twelve to eighteen hours.

In a case of poisoning by Aconite, the first thing to be done is to remove the poison from the stomach by means of an emetic. Stimulants have to be resorted to, such as warm brandy and water, and a powerful infusion of black coffee. Frictions with hot oil and mustard may likewise be employed.

LECTURE X.

In reviewing the pathological conditions which correspond with our Aconite symptoms, we shall find that their number is very large indeed. There is hardly an affection where Aconite is not required more or less. Its influence upon the nervous system is so universally involved in almost every affection, that this universal necessity for the use of Aconite may easily be accounted for. In studying the recorded effects of Aconite upon the healthy tissues with ever so much critical care, we shall find that they were obtained as the result of conscientious and fearless provings. Without copying all these symptoms, which it would be both unnecessary and perhaps unprofitable to do, I will point out for your further study the pathological conditions which the known symptoms of Aconite seem to delineate as the therapeutic domain of this great agent.

1. First, let me again call your attention to those conditions which I will designate as the

INFLAMMATORY GROUP.

You will recollect, Gentlemen, that Aconite produces true *inflammatory fever*. This may exisit with or without local inflammation. In all acute diseases which are ushered in by a true inflammatory stage, Aconite is generally the first remedy indicated. It makes no difference in what part this inflammatory process is located, whether in the meningeal membranes, the organs of special sense, the muscles, serous or mucous tissues, the glandular system or any of the internal viscera. Whenever the local disturbance is accompanied by a full, hard and bounding pulse, dry and hot skin, coated and dry tongue, restlessness, thirst, and if the patient had experienced a more or less marked chill previous to the supervention of the febrile reaction, Aconite is invariably in its place; if the local affection should require other remedies, besides the Aconite, it is perfectly proper to

use this drug in alternation with the more specifically indicated remedy, until the inflammatory symptoms are subdued. Whenever in the course of the disease, the febrile reaction shows a tendency to reappear, resume your Aconite. Give it as scantily as the case will permit, but let me assure you, that you will never do your patient any harm by throwing in a dose of Aconite every now and then during the course of an inflammatory disease. There is no viscus, no structure, no membrane in the human body, an acute inflammation whereof, may not require the use of Aconite. The object in using Aconite is to restore the capillary equilibrium, and to effect, either unaided or assisted by other drugs, a resolution of the inflammatory process. You will recollect, that Aconite does not affect the cerebrum, but that its primary action is upon the cerebellum and upon the terminal ramifications of the cranial, spinal and sympathetic nerves interwoven in the capillary tissue. Hence in all diseases of the cerebral substance, such as inflammation of the brain, typhus, etc., Aconite is of little, if any, use.

In all pure, synochal inflammations, Aconite will prove useful and in most cases a specific remedy. Even if the local inflammation should not be represented among the provings, Aconite will nevertheless be found adapted to it, because this agent possesses a sort of specific control over any inflammation resulting from a primary depression or torpor of the arterial capillaries.

In *Orchitis*, for instance, whether of a purely phlegmonous character, or arising from the suppression of gonorrhœa, Aconite will prove an invaluable aid to mitigate the burning and lancing pains, and the acute soreness of which the patient complains.

In *Metritis*, *Vaginitis* and *Vulvitis*, Aconite may be depended upon as a powerful and indispensable auxiliary to *Belladonna* or any other agent that may seem more specifically indicated. No agent will more speedily relieve the burning, stinging and shooting pains, and the discharge of purulent mucus and blood from the vagina than Aconite, provided it is given in tincture-form, and its use is persevered in.

In *Ovaritis*, whether acute or semi-acute, Aconite will be found serviceable in conjunction with some other more specifically acting agent, such as Iodine, Pulsatilla, etc. It is indicated by soreness, an aching, dragging, heavy pain in the region of the ovary, aggravated by movement. In ovaritis, the fourth or sixth attenuation will sometimes prove more efficient than the tincture.

What better remedy could we use in *Inflammatory Dysentery* than Aconite? To be sure, there is no well marked group of symptoms among the pathogenesis of Aconite which points to acute dystentery; but have we not a right to infer from the general imflammatory action which we know by positive experiments that Aconite is capable of setting up in the organism, that the curative action of this great drug will likewise extend to inflammatory dysentery? But let me entreat you, Gentlemen, not to dilly-dally with 30th or 200th potencies in a disease of this kind, at such a remote point from the great centres of life, and in a part that seems naturally slow to react against disease. There may be cases where you may get along with such infinitesimal quantities, but it would be exceedingly unsafe to

rely upon them as a general rule in the treatment of dysentery; the lower potencies not only hasten the reaction, but they sustain it more vigorously than the higher, and lead the disease to a favorable termination without any of those distressing and dangerous sloughing processes which so often set in, in dysentery treated with the higher potencies or by allœopathic physicians.

Do not forget Aconite in acute affections of the respiratory organs: *Laryngitis*, *Bronchitis*, and *Pneumonia*. Of pneumonia I have spoken before. In *Membranous Laryngitis* or *Croup*, Aconite is often sufficient to arrest the inflammatory process which is going on in the lining membrane of the larynx, and either to prevent the effusion of coagulable lymph or to promote its absorption. More than one symptom among the symptoms of Aconite points to its use in croup as a specific remedy. Among the Aconite-symptoms we have; hoarseness; croaking voice; feeble voice; complete loss of voice; sensitiveness of the larynx to the inspired air as if the mucous membrane were deprived of the epithelium; sensation as if the sides of the larynx were pressed together. These and similar symptoms, together with the dry, hard and tearing cough which Aconite excites, and the raw feeling in the larynx during the paroxysm of cough, are strikingly characteristic indications for the use of Aconite in croup.

In *Acute Bronchitis* no better remedy can be used than Aconite. What are the pathognomonic signs of acute bronchitis? Beside the inflammatory fever which is present in all acute inflammations, we have paroxysms of a dry and tearing cough which sometimes seems to start from some definite point behind the sternum, from the point where the trachea bifurcates or from the terminal ramifications of the bronchi in the thorax. Sometimes the cough excites a sensation in the air-passages as if knives were plunged through them; at other times the patient complains of a burning in these tubes. There is great difficulty of breathing; the passage of the air through the air-passages causes a feeling of rawness and a tickling sensation in the larynx which excites a constant desire to cough. At first the patient hawks up a little frothy mucus which is sometimes tinged with blood, but at a later period of the disease a purulent matter, which often resembles green bile, is discharged. The chest feels sore, the respiratory muscles feel sore, as if they had been violently strained, and the patient complains of aching pains in various parts of the chest, often penetrating the thorax from the anterior to the posterior wall. Now, all these symptoms are almost literally reproduced in our Aconite-provings. Even the constitutional symptoms in bronchitis, the nausea and vomiting during a paroxysm of cough, the frontal headache, the coated tongue, loss of appetite and constipation, and the general prostration of strength, have their exact counterpart among the symptoms of Aconite. I need only mention such symptoms as these: hoarseness; croaking voice; short and dry cough arising from a tickling in the larynx, with constant inclination to cough, especially at night when the paroxysms set in every half hour; pressure and burning pains along the trachea, down to the pit of the stomach; roughness extending along the trachea and inducing frequent coughing, cough which is occasioned by an irritation in the

larynx, and is accompained with expectoration of a gelatinous mucus; when coughing, the chest feels sore and the larynx raw; cough with a fluid, frothy expectoration; rattling and vibratory trembling of the trachea; sense of weight behind the sternum, preventing a deep inspiration; mucous râle, which can be heard at a distance.

And do not the chest-symptoms of Aconite delineate *Pneumonia*? The dry and tearing cough, the dyspnœa, and orthopnœa which Aconite excites; the stitches in the chest, especially during an inspiration and when coughing, accompanied by a plaintive and whining mood, anguish and ill-humor and by oppression of breathing; the sense of weight and feeling of fulness in the chest, with sensation as if the lungs would not expand sufficiently, obliging the prover to frequently take a long breath; the painful pressure from the sternum to the vertebral column; the feeling of weight in the chest, accompained by a number of fine but violent stitches in the left half of the thorax; the feeling of burning heat in the lungs, as if some hot fluid would rise into the mouth; the soreness behind the sternum as if the parts had been bruised, and a similar sore and bruising feeling in the muscular coverings of the thorax; do not these and a variety of other similar symptoms justify the doctrine that Aconite is homœopathic to pneumonia? If we add to these symptoms the post-mortem appearances of an Aconite poisoning in the lungs, viz.: excessive vascular engorgement, with exceedingly diminished crepitations, we certainly have a right to expect great results from the exhibition of Aconite in the first stage of pneumonia.

And why should we not look upon Aconite as a sovereign remedy in *Acute Pleurisy?* "Stitches of various degrees of intensity in the chest and sides of the chest, especially during an inspiration and when coughing, frequently accompained with a plaintive and whinning mood, anguish and ill-humor, or with oppression of breathing?" If these symptoms are accompained by inflammatory fever, bloody cough, headache, have we not a well defined group of symptoms of pleuritis? Aconite will effect a speedy change in these symptoms. Nor is it necessary to give massive doses of this drug. I have seen the 30th potency even act with wonderful power. In the case of a powerful man, but sensitive to the action of medicine, I effected a cure of acute pleurisy in three days, by means of the 30th potency. I saw him in the evening, and found him in great distress. His pulse was up to 140, full and hard; he complained of distressing headache, especially in the frontal region, vomiting of bile, acute stitches in the left side, near the apex of the heart, and rendering it impossible for the patient to expand his chest; he had a racking cough, and expectorated blood and mucus. This was a fully developed case of acute pleurisy. I put the patient on Aconite 30th, and on the third day after this treatment commenced, he was out, attending to his business, without the least cough, pain or difficulty of any kind remaining. Such an extraordinary result is undoubtedly of rare occurrence, but it shows the power of reasonably high potencies of Aconite to effect a speedy and thorough cure in acute inflammations of the pleura.

In *Bilious Pleurisy*, as it is termed, characterized by a violent stick-

ing pain, racking cough, but only moderate, if any, constitutional fever, and an absence of bloody expectoration, Aconite is likewise indicated, but in lower doses.

Even in *protracted cases of Pleurisy*, which had been under allœopathic treatment, and where effusion and partial adhesions have already taken place, Aconite is still chiefly to be depended upon at the commencement of our treatment. And, Gentleman, I would extend this remark to all cases of acute inflammation, which pass into your hands out of the hands of allœopathic practitioners. If the patient had been bled a great deal, give your Aconite high, lest the re-action should be too violent. A single dose of Aconite, opportunely given, may bring you a number of new patients. I once treated a patient for pleuro-pneumonia who had been in the hands of botanic practitioners for nearly six weeks. Having been given up by his physicians, who told the family that he could not live until morning, I was requested to take charge of this case. I found the patient speechless, in a state of sopor; his breathing was exceedingly superficial, the pulse about 140, empty and compressible, and a constant hacking cough with expectoration of blood and pus; the skin felt clammy and hot about the thorax, the lower extremities were icy-cold. I gave the patient the 18th potency of Aconite. When I called the next morning, my patient met me with a smile. He was able to sit up in bed, his pulse was down to 75; they had been obliged to change his soaking linen some six times that night, whereas the other doctors had not been able to make him perspire once. The cough was loose, the bloody expectoration and the acute stitches in the lungs had entirely ceased, and, although of a consumptive habit, he was entirely restored in a fortnight after I first saw him. In another case of pleuro-pneumonia the patient had been bled ten times, and the physician threatened to bleed him again for the sore, aching, sticking pains in the chest of which the poor patient was still complaining. His cough likewise continued troublesome. The eighteenth potency of Aconite restored him to perfect health in about a week. Never, Gentlemen, give the tincture of Aconite to patients who had been frequently bled for pneumonia or pleurisy, and who pass into your hands in this stage of extreme debility, with an empty, fluttering pulse, a cold and clammy skin, depression of spirits and other signs of ataxia. The violence of the re-action may frighten your patient away from you and destroy his last hope, and indeed his last chances of recovery.

In *inflammation of the abdominal organs*, Aconite is of an inestimable value. In that form of *Gastritis*, where Aconite is indicated, the pulse is hard, jerking, hurried; the patient complains of a burning pain in the stomach, with excessive soreness in the epigastrium, vomiting of the ingesta, mucus, bile and even blood, excessive thirst, although every drop of liquid is ejected again as soon as it gets into the stomach. Aconite may be of great use in this disease, and is undoubtedly a specific remedy if the muscular coat of the stomach is the seat of the trouble; but in mucous gastritis, or inflammations of the mucous coat of the stomach, you may have to resort to Arsenic at the very onset of the disease.

The same remarks apply to *Mucous Enteritis*, where beside Aconite, Colocynthis, Arsenic and a few other drugs, will prove capital remedies. The homœopathicity of Aconite to inflammations of the abdominal viscera will become apparent, if you consider the symptoms which characterize the action of Aconite upon these organs: vomiting of mucus, bile and blood; burning, tearing, drawing pains in the bowels; excessive sensitiveness of the abdomen to the touch; tumefaction of the bowels; scanty and loose stools, with tenesmus; watery diarrhœa, white stools, with red urine; discharge of black, fetid, fæcal matter. These and other similar symptoms indicate Aconite as a great remedy in abdominal inflammations.

In acute *Peritoneal Inflammation*, which is characterized by tympanitic distension and excessive painfulness of the abdomen, costal breathing, flexion of the thighs upon the abdomen, heat and dryness of the skin, small, hard, jerking and quick pulse, Aconite may be administered in tolerably large doses during the first stage of the disease, from five to ten drops of the first or second attenuation, or one drop of the tincture of the root in a tumblerful of water. In incipient *Puerperal Peritonitis*, when the secretion of milk is arrested, the pulse hard, full and hurried, and the fever is sometimes so intense that the heat of the skin amounts to a stinging as with nettles, a good dose of Aconite will sometimes prevent the complete outbreak of this dreadful disease. You may safely give one or two drops of the tincture in a tumblerful of water, in tablespoonful doses every half hour or hour, until the secretion of milk is established.

On this occasion let me not forget to recommend Aconite in *Strangulated Hernia;* if the constricted portion is inflamed, painful, hot, and constitutional fever has developed itself, give your Aconite. Let me recall to your mind the extraordinary property which Aconite possesses, of exciting spasms; Aconite and Nux vomica more perhaps than any other medicines, will prove able to remove the stricture and to pave the way for an easy and natural reduction of the hernial sac.

Who would not think of Aconite in *Hepatitis?* Our provings and toxicological records show most conclusively that Aconite exercises a specific action upon the functions and tissue of the liver. Aconite causes jaundice, one of the pathognomonic signs of hepatitis, if existing in conjunction with acute fever. Aconite likewise causes bilious vomiting, and a foul bilious coating upon the tongue: other symptoms of hepatitis. Aconite causes a variety of symptoms which point to inflammation of the liver, among which we notice the following:

Painful feeling of swelling in the pit of the stomach, accompanied with want of appetite, and paroxysms of shortness of breath.

Violent constriction, tightness, pressure, fullness and weight in the hypochondria.

Tensive, painful swelling under the ribs.

Shocks and pressure in the region of the liver, with oppression and arrest of breathing.

Prickings in the liver and bowels.

Constrictive pain in the region of the gall-bladder, arresting the breathing.

The abdomen is distended and swollen as in dropsy.

These indications might be increased by a number of other symptoms, taken from the group of the urinary and alvine secretions; but this seems unnecessary; the homœopathicity of Aconite to acute hepatitis is sufficiently established by the foregoing extracts from our provings.

Even in *Chronic Hepatitis*, or *liver complaint*, Aconite may be of great service to us, more particularly in chronic hepatitis arising from a mismanaged acute inflammation. The liver may be enlarged; the patient complains of paroxysms of acute aching, or even shooting pains; these paroxysms may set in after exposure to damp weather, a draught of air, and similar causes. The liver feels sore, the breathing is more or less interfered with. We have again and again prescribed for patients who were troubled with liver-complaint, more particularly with paroxysms of spasmodic constricting pain in the region of the liver, patients, too, who had been in the hands of half a dozen homœopathic physicians, and who finally found relief from using the first or second attenuation of the tincture of Aconite-root during a paroxysm of pain.

Chronic liver complaint may sometimes take an acute form, which may terminate in

Abscess of the Liver. If this abscess should be seated on the external surface of the liver, it can easily be recognized. A rather circumscribed tumor is distinctly felt in the region of the liver, hard at first, and afterwards fluctuating, hot, exceedingly painful to contact or pressure, and materially interfering with the process of breathing. If such an abscess forms on the inner surface of the liver, the discharge of pus into the peritoneal cavity may endanger the life of the patient. The most important object, under such circumstances, is to prevent or arrest the process of suppuration, or to effect the absorption of the pus, if this should have already formed. We have never been able to accomplish this result more speedily and successfully than by means of the tincture of Aconite, giving five drops of the German tincture, or a couple of drops of the tincture of the root in twelve tablespoonfuls of water, a tablespoonful every hour, and gradually increasing the intervals to two or three hours.

There are some forms of inflammation which require special mention; they are *erysipelatous, rheumatic, neuralgic* or *arthritic, scrofulous* and *diphtheritic* inflammations.

Erysipelatous inflammation, or inflammatory erysipelas, may affect the skin and serous membranes generally in any part of the body. This form of inflammation, when developed upon the skin, is characterized by redness and shining appearance of this organ, tumefaction, sense of tension and pain. If affecting the internal serous membranes, lancinating stitches as with knives are experienced by the patient, and if the meningeal membranes are invaded, as is very apt to take place in erysipelas of the face, the pain is most agonizing, more particularly if the inflammation spreads along the inner

ear or eye. The burning sensation in the brain, and the sensation as if the brain were cut up with knives; the agonizing throbbing in the head, the excessive soreness of the scalp, the sensitiveness to noise, the stupid condition of the patient except when roused by a paroxysm of intense suffering, and the frightful and disfiguring swelling of the whole head, present a most woeful picture of distress. Such forms of erysipelatous inflammation, even when presenting this high degree of intensity, have often been cured with Aconite without the use of any other agent. In common inflammatory or phlegmonous erysipelas, as it is termed, homœopathic practitioners often resort to Rhus toxicodendron; if I use this agent, as I often do, I always use it in alternation with Aconite.

In rheumatic inflammations, Aconite exhibits most striking therapeutic powers.

Inflammatory Rheumatism is a well-known form of inflammation, against which Aconite has proved a true specific. No agent in our Materia Medica is more adapted to the treatment of pure, uncomplicated rheumatism of the joints than Aconite. Rheumatism of the muscles and muscular sheaths, when characterized by tearing or stitching pains, heat, redness and swelling, finds its remedy in Aconite. Tearing, drawing, aching, stitching, laming, bruising and burning pains are characteristic of the action of Aconite upon the extremities. Rheumatic inflammations of the extremities and of the muscular tissue generally, are known by such pains, and it is more particularly in the joints that Aconite develops such symptoms.

Among the symptoms of Aconite we meet with many symptoms like these: Pain in the shoulder and hip joints as if contused; pain in the shoulder as if it would drop off; tearing and laming-drawing pain in the shoulder, elbow and wrist-joints; drawing, tearing pain in the knee-joints; unsteadiness of the knees, so that he staggers when walking; stitches in the knee, and a variety of other symptoms, all of which point to inflammatory rheumatism of the articulations.

Among these rheumatic symptoms of Aconite there is one which requires particular notice; it is this: swelling of the deltoid muscle, which, when touched, feels painful as if bruised. This symptom points to

Acute Rheumatism of this part. Aconite seems to be in some specific relation to this muscle. I once treated a middle-aged lady for acute rheumatism of the deltoid muscle; it was very much swollen, sore, red, and the arm was perfectly immovable. As she had never taken homœopathic medicines, I gave her the 30th potency of Aconite, and the inflammation disappeared entirely in the space of three days.

Inflammatory rheumatism may affect any of the internal organs, the meningeal membranes, the lungs, heart, liver, stomach, bowels, urinary and sexual organs, There is a difference between rheumatic and true phlegmonous or synochal inflammation, as it is termed. In rheumatic inflammation the fever is not as high as in synochal inflammation, nor is the danger of a fatal termination as imminent in rheumatism as in the last named disease. The symptoms are not generally as violent, nor is the pain as severe in rheumatic as in synochal inflammation.

In *rheumatic inflammation of the meningeal membranes*, for instance, the pulse may be up to 90 or 95, the skin may be moderately hot and dry. The fever is preceded by a sense of coldness, creeping, shivering or chill. The patient complains of a violent, stupefying headache, and, may be, of a violent pressure on the head, dizziness, etc. Sometimes the eyes or ears are involved in the inflammatory process. All these symptoms may likewise exist in true meningitis, except that they are far more violent, and the constitutional disturbance is far more marked and general. In the rheumatic variety of meningitis, Aconite is often sufficient to cure the disease; in true meningitis, Aconite would be of little use; Belladonna, or some other similarly-acting drug would have to be employed.

In *Rheumatic Pneumonia*, the patient complains of dyspnœa, a tearing cough; aching and burning, and even stinging-sore pains in the chest; but the essential characteristics of true pneumonia are wanting. In rheumatic pneumonia, the patient may perhaps cough up pure blood, although he generally raises a frothy mucus, but the rusty sputa which is one of the pathognomonic signs of true pneumonia, is wanting in the rheumatic form. If the character of rheumatic inflammation is once impressed upon your minds, you will never confound it with ordinary acute inflammation. Rheumatic pains are generally sticking, aching, tearing, laming, burning; if the mucous membrane is affected, the pains are generally of a burning character; if the fibrous tissue is the seat of the disease, the pains are tearing and aching; and if serous membranes are involved, there are sticking or sore and stinging pains.

In *Rheumatic Inflammation of the Bladder* we have stinging soreness, heat and a sense of swelling in the region of the bladder, or this region may be actually distended and sore to contact. Of course there is inability to void the urine, except perhaps a small quantity which passes off with difficulty. In *Acute Cystitis* these symptoms are far more intense; the burning, the shooting pains, the agonizing dysuria or rather ischuria (a complete retention of urine), and the inflammatory fever often drive the patient to despair. A beginning practitioner is apt to be confounded by the symptoms before him. If he is well posted up in the use of his drugs, he will always feel at home in the presence of the enemy. Never forget, Gentlemen, that Aconite will act upon any inflammatory group of symptoms, no matter in what organ or tissue they may present themselves. In *Urethritis*, for instance, not every physician would think of giving Aconite. But if he recollects that Aconite causes "a burning sensation in the urethra, from one orifice to the other; shooting stitches in the urethra, when walking; burning urine which deposits a bloody-looking or brick-dust sediment; and various other symptoms characteristic of acute urethritis, he will find it indispensable to exhibit Aconite in this disease.

We have seen that Aconite is homœopathic to *rheumatic inflammations*, and that they embrace a very wide scope. Besides being in homœopathic rapport with rheumatic inflammation of the internal viscera, it is likewise adapted, as has already been shown, to

Acute Rheumatism of the Joints; which may be inferred from the manner in which Aconite affects these parts. It causes

Pain in the shoulder, as if it should drop off;

Drawing-tearing pain in the shoulder-joint;

Drawing pain in the elbow-joints;

Prickings in the joints of the fore-arm;

Tearing and laming-drawing pain in the wrist-joints;

When bending the fingers, violent stitches dart through the wrist-joint to the elbow-joint;

Unsteadiness of the knees, they totter and give way when walking;

Pain in the tarsal joints, attended with despairing thoughts, and the dread of death;

Drawing pains in the lower extremities, especially in the joints;

Drawing-tearing pain in the knee-joint;

Stitches in the left knee;

Icy-coldness of the knees, alternating with shooting stitches;

These effects of Aconites how distinctly that it has a special action upon the joints of the extremities, which is characterized by such pains as occur in inflammatory or chronic rheumatism.

But not only in the joints is the homœpathicity of Aconite to rheumatic affections visible; this agent is likewise in curative adaptation with rheumatic affections of the muscular and fibrous tissue of the extremities and trunk. Look at the varied effects of Aconite in this direction:

Upper Extremities: The arms feel chilly and insensible;

Tearing in the arm from the shoulder to the wrist-joint and fingers, scarcely ever felt except during movement, with blueness of the hands during the paroxysm of pain;

Pain as if contused in the shoulder-joint, only felt during movement;

Stitches in the shoulder and upper arm;

Pain in the fore-arm as after a violent blow;

Drawing-tearing and stitching pain, in the fore-arms and their bones, the pain is excited by motion;

Feeling of lameness in the right fore-arm and hand, going off by moving the limb briskly;

Crampy, contractive pain in the hand and fingers, sometimes accompanied by stitches;

Swelling of the hands, with frequent paroxysms of cough, and good appetite;

Drawing-jerking pains in thumbs; pain in the thumbs as if sprained and lame;

Acute pain in the right fore-arm, along the tendon of the flexor digiti minimi, increased by emotion.

Lower Extremities: The pains are in all respects similar to those which the Aconite-provers have experienced in the upper extremities, affecting the same tissues and characterized by the same sensations.

In the *Back* and *Sacral Region* we may notice a few pains which furnish useful indications for the employment of Aconite in several

more or less important and troublesome rheumatic affections of these parts. We have the following records:

Pains in the loins;

Pains in the loins like labor pains, when walking;

Aching pain in the left side of the small of the back;

Paralytic pressure in the sacral region, relieved by movement and by stooping forward.

These symptoms indicate Aconite in

Rheumatic Backache, and likewise in

Lumbago, with excessive soreness, lameness, rigidity, aching pain in the small of the back.

Other symptoms are:

Soreness, feeling of stiffness and as if bruised between the scapulæ or in other parts of the back;

Sensitiveness of the lumbar region when stepping;

Sensitiveness of the region of the kidneys;

Numbness of the small of the back, extending as far as the lower limbs;

Prickling in the sacrum;

Formication over the back, upper arms and thighs;

Feeling of stiffness and as if bruised in the left side of the neck, extending beyond the left shoulder-joint, and a portion of the dorsal muscles, worse when lying down, less during motion.

When moving the neck, single muscles of the posterior region feel weak and as if bruised, especially in the evening and at night.

Among these symptoms some refer to

Rheumatism of the Muscles of the back, both of the congestive and neuralgic order; others to

Rheumatism of the Posterior Cervical Muscles or *crick in the neck;* others again to

Rheumatism of Lateral Muscles of the Neck, among which we may include

Rheumatism of the Sterno-cleido-mastoideus muscle or *wry neck, Torticollis;* the muscle becomes stiff, hard, swollen and inflamed, the neck inclining to the affected side in order to avoid pain by the extension of the muscle. Under allœopathic treatment, this muscle may remain permanently contracted. For such contractions it is perfectly proper to use Aconite, from the third to the twelfth potency. Belladonna may likewise prove useful.

There is a spasmodic form of torticollis which it is important to mention. It may arise from an irritation of the pneumo-gastric or spinal accessory nerve, fibres of which dip into the substance of the sterno-cleido-mastoideus muscle. I treated a very interesting case of this kind some time ago. A little girl had had a fall on the back of the head from a height of some three or four feet. A few days after this fall the head began to incline towards the right shoulder, and was resting upon the shoulder when the child was brought to me. We diagnosed irritation of the cranial nerves, either the spinal accessory or pneumo-gastric, or both, in consquence of

the concussion experienced by the fall, and treated the child persistently with the tincture of Aconite, interpolating every now and then a dose of Iodine. We may state moreover, that the least attempt to raise the child's head was attended with excruciating pain within the cranium, in the region of the base of the skull. Under the treatment adopted, the little patient recovered very gradually, but steadily, and was completely restored within six weeks.

In *Rheumatism of the Abdominal Muscles*, Aconite is not without great curative power. It causes: "sensitiveness of the abdominal walls," which may result from rheumatic congestion of these parts. The first or second attenuation is sufficient to a cure.

I have alluded on a former occasion to *Rheumatism of the Scalp*, characterized by a sensation as if the scalp were drawn tightly over the head, tearing, lancinating and burning pains, stupefying headache; all these symptoms are covered by corresponding symptoms among the provings of Aconite.

In *Rheumatism of the Heart, or Rheumatic Endocarditis* as it is termed, Aconite will prove an invaluable agent. In one of our last provings the symptoms of rheumatic endocarditis were developed with tolerable accuracy: violent palpitation of the heart, dyspnœa, sense of suffocation, anxiety, irregularity and intermission of the beats of the heart, and corresponding rheumatic tearing pains in the limbs. In this affection Aconite will always prove a reliable friend, even in cases of organic malformations which are so apt to remain behind under Old-School treatment. I would recommend the use of the lower potencies in this affection. You need not even hesitate to use the tincture. Under the use of the higher potencies rheumatism of the heart may undoubtedly disappear, but it is not at all certain in my mind whether fibrinous concretions in the cavity of the heart, or enlargement of its substance can be as effectually prevented by the higher as they can by the lower potencies or by the tincture of Aconite.

Speaking of endocarditis, I may as well mention another acute affection of the heart which may require the use of Aconite at the outset of the disease; I mean

Pericarditis, or *inflammation of the serous membrane* that envelopes the heart like a sac. It is not only difficult, but sometimes impossible to distinguish the symptoms of acute pericarditis from those of acute endocarditis, and in most cases these two inflammations exist simultaneously. In acute pericarditis we have as leading symptoms: acute, stitching, tearing pain which, after sometimes shifting from one part of the chest to another, finally becomes fixed behind the sternum, extending to the epigastrium and sometimes posteriorly between the shoulders; paroxysms of dyspnœa: spasmodic constriction in the region of the heart; a dull, barking, hacking cough, which distresses the patient a great deal, but is unaccompanied by such expectoration; dull, circumscribed beating of the heart, or in some cases a tumultuous palpitation which is perceived over a large surface; more or less irregularity in the

rhythm, volume and quality of the pulse. These symptoms have all been experienced with more or less intensity by the provers of Aconite, and therefore point to Aconite as one of our great remedial agents in the acute form of this disease.

Speaking of the heart, we may take this opportunity of mentioning several morbid conditions of the arteries and veins, to which Aconite is homœopathic. It is homœopathic to

Aneurism of the larger Arteries. This necessarily follows from the fact that Aconite affects the tissue of the vessels similarly to what we know it to be affected in aneurism. The primary effect of a massive dose of Aconite is to cause a spasmodic rigidity of this tissue, more particularly of the capillary vessels; during the organic reaction which should be looked upon as the indirect effect of the drug, the tissue becomes weakened and relaxed. The continued use of small doses of Aconite would produce the same effect. Hence we say that Aconite must be homœopathic to precisely such a condition of the arterial tissue, as we know exists in some forms of aneurism, viz.: dilatation in consequence of the weakened or relaxed condition of its fibres. You may give Aconite in alternation with Digitalis; but if you wish to secure for your patient the greatest possible chance of recovery, give these medicines in the lower potencies, a few drops of the first potency, or even a drop of the concentrated tincture in a tumblerful of water.

For similar reasons Aconite is an indispensable agent in

Cyanosis, if arising from the non-closure of the foramen ovale. This malformation may be the result of a permanent rigidity of the septum or the fibres may be deficient in irritability; in either case Aconite will prove of great advantage to the patient, and if it does not cure the disease, will at least relieve the sufferer. If cyanosis is the result of fright, Aconite should be depended upon as a restorer of the normal irritability and contractility of the venous capillary tissue.

The simple form of *Purpura hæmorrhagica,* or *Morbus Maculosus Simplex,* is another morbid condition of the capillaries to which Aconite is homœopathic. The pathological character of this disease is in many instances a weakness or abnormal relaxation, with deficient irritability, of the capillary tissue, in consequence of which exudation takes place from the mouths of the capillaries, and consequent infiltration of the subcutaneous cellular tissue. Hence the purple spots, petechiæ or ecchymoses which characterize this derangement. If I recommend Aconite as a remedy for it, you at once perceive that my recommendation is based upon the well-known manner in which Aconite affects the capillary tissue. In a disease of this kind Aconite has to be given for a considerable period in conjunction with any other medicine that may suit the constitutional predispositions of the patient. The second and first attenuations, and the German tincture may be employed. This simple form may be the result of exposure.

Need I direct your attention to *Hæmorrhage*? What admirable healing properties does Aconite possess in this disease! We have many medicines for hæmorrhage; Squills, Millefoil, Ipecacuanha,

Arsenic and other agents, will respectively arrest hæmorrhage from various organs of the body. A characteristic sign of hæmorrhage for which Aconite is indicated is the tumultuous condition of the arterial vessels. The pulse is full, hard, bounding; the patient's countenance looks flushed, the skin is dry and hot, and there may even be partial loss of consciousness. These symptoms occur more particularly during pulmonary hæmorrhage. The blood sometimes issues from the mouth in copious quantities, fluid blood mixed with coagula.

In *Epistaxis* or nose-bleed, *Pneumorrhagia* or pulmonary hæmorrhage, *Hæmaturia* or hæmorrhage from the uretha, etc., Aconite will prove sufficient to arrest the flow of blood, provided the constitutional symptoms correspond with the general physiological action of Aconite upon the circulation. The hæmorrhage must either be accompanied by marked symptoms of vascular excitement, or by the opposite condition of vascular depression, small, weak, even filiform pulse; coldness of the extremities, collapse of features, expression of anxiety, etc.

We may single out a form of hæmorrhage where Aconite is of paramount importance; it is

Metrorrhagia, more particularly during pregnancy. In females of a bilious and plethoric habit, many a time miscarriage has been prevented by the timely administration of the tincture of Aconite, one or two drops in a tumblerful of water. If blood begins to show itself in the vagina; if the patient complains of sickness at the stomach, dizziness, frontal headache, throbbing in the head, palpitation of the heart, creeping chills, followed by flashes of heat; flushed face, rising of the pulse, coldness of the extremities, violent dragging and bearing-down pains; give your Aconite at once, without losing a moment's time; keep your patient perfectly quiet, repeat the medicine every ten or fifteen minutes, in dessertspoonful doses, and you may often be able to avert the danger, and save a human life. In *Menstrual Metrorrhagia*, and in metrorrhagia setting in after miscarriage, or parturition at full term, Aconite may likewise be the best therapeutic agent.

A most important and dangerous disease, to which Aconite is homœopathic, is

Phlebitis or *Inflammation of Veins*. The pathognomonic signs of this disease indicate Aconite. The patient experiences a burning pain along the course of the vein; the part is swollen, dark, red, inflamed (provided of course it is a cutaneous vein); abnormal infiltrations take place in the subcutaneous cellular tissue and mucous membrane. These symptoms of inflammation are always accompanied by signs of bilious derangement, which are the more marked the nearer the inflamed vein is to the liver: the right hypochondrium is distended and painful; the tongue is coated, the taste in the mouth bitter, the patient complains of sickness at the stomach and vomiting. If the inflamed vein is above the diaphragm and near the heart, the right ventricle shows signs of inflammation: there is violent palpitation under the ensiform cartilage, apnœa, great restlessness, disposition to fainting, great prostration. The accompanying fever is of

a typhoid character, which seems to be owing to the fact that a purulent secretion from the inner coat of the vein becomes mixed up with the general circulation, thus occasioning a poisoning of the blood which older pathologists were in the habit of characterizing as putrid fever. In this disease Aconite is eminently proper. We also recommend Hamamelis, and perhaps Arsenic, and one or two other drugs, but Aconite occupies a prominent rank in the group, provided it is not given in too high doses.

Phlegmasia alba dolens is a form of phlebitis, which is very successfully treated with Aconite. Use the tincture a few drops in a tumblerful of water. Gentlemen, never mind the croaking of ignorant practitioners regarding the use of Aconite in this disease. If my advice is of any value to you, depend upon Aconite in this disease. If you think it best, you may use Hamamelis along with it, or you may put in an occasional dose of Belladonna, but it is only ignorant and over-bearing dogmatists who can decry the use of Aconite in this distressing and dangerous malady.

LECTURE XI.

In all inflammations of serous and fibrous membranes, Aconite is undoubtedly a capital remedy.

In *Periostitis*, for instance, when occasioned by exposure to a keen wind, retrocession of sweat, or by standing upon damp ground or cold stones, Aconite is often sufficient to effect a radical cure. The pains are of a tearing character, accompanied by a sensation of burning. These pains were experienced by several of our Aconite provers, and clinical experience has abundantly shown that inflammation of the periosteum may be controlled by Aconite, and that, even in cases where an exudation had taken place between the periosteum and the substance of the bone, Aconite will effect an absorption of the fluid and restore the normal condition of the parts. In this disease, the third up to the sixth potency of Aconite is generally preferable both to the tincture and to the higher potencies.

Even in *Ostitis*, when the substance of the bone or the marrow has become invaded by the inflammation, you may depend upon Aconite as a great curative agent. If the bone itself or the marrow is inflamed, the symptoms differ from those which indicate the periosteum or fibrous covering of the osseous tissue as the seat of the disease. In the former case the pains are boring, throbbing, aching, and more or less circumscribed to a particular region; the patient may likewise complain of a sensation as if the limb were swelling up. Among the physiological effects of Aconite upon the bones, these boring, gnawing, crawling, pecking or beating, aching and burning pains occupy a prominent rank.

Gentlemen, Aconite occupies the same rank in our Materia Medica that the heart occupies in the human body. Without Aconite, the

sphere of our usefulness would be limited indeed; our kingdom would be desolate. What immense advantages does the use of this one agent afford to the homœopathic practitioner over his allœopathic brother who seems somewhat disposed just now to steal his enemy's thunder instead of using it openly and honorably with appropriate acknowledgments. See how readily such distressing inflammations as *Ophthalmia* (acute inflammation of the eye), *Otitis* (acute inflammation of the ear), *Glossitis* (acute inflammation of the tongue), *Nasitis* (acute inflammation of the nose), and acute inflammations of the *face* in general, will yield to Aconite. In any of these inflammations the tincture or lower potencies will, as a general rule, be of more use to you than the higher attenuations.

A case of *Nasitis*, where the inflammation was intense, the nose swelled up to the size of a child's fist, and a phagedenic ulcer had developed itself at the tip of the nose which discharged a quantity of fetid green pus, yielded to the tincture of Aconite completely, inflammation, swelling, ulcer and all, in one week. The curative virtue of Aconite in

Iritis was fully tested in a case which I treated with Dr. Dixon, a distinguished oculist in New York. The doctor had couched a cataract for one of my patients. Our agreement was that, in case iritis should set in, and my treatment should not produce a favorable impression upon the disease within six hours, the patient was to be bled and put upon the use of calomel. The operation was performed in the afternoon, and next morning we visited our patient at an early hour. Iritis was fully developed. We found the pupil considerably elongated, with uneven edges. The frontal headache was agonizing. I put the patient upon the tincture of Aconite, five drops of a rather weak tincture of the leaves in a tumblerful of water. Within three days every trace of inflammation had disappeared, and the pupil was restored to its natural dimensions. The doctor admitted that he had never seen a case of iritis cured in this off-hand way.

Neuralgic Rheumatism frequently yields to Aconite alone, although other drugs have often to be given in alternation with it, or in its stead. Aconite affects the tissues as we see them affected in neuralgic rheumatism. It causes tingling, formicating pains, or a feeling of painful numbness in the parts, also pinching or tearing pains as if the muscular fibre were pinched or torn; it causes soreness of parts, burning-prickling pains in the fingers and toes, sensation as if a tight bandage were drawn around the ankles, and a variety of other symptoms which show that Aconite may be of great use to us in the treatment of

Arthritic and *Neuralgic Rheumatism*, or in acute and chronic

Arthritis or Gout with soreness, tenderness, heat and swelling of the parts, stitching and throbbing pains, etc. Give first to sixth potency.

Adenitis, or *Acute Inflammation of Glands*, finds its remedy in Aconite. Even in chronic adenitis, when the gland is hard, painful and hot interiorly, Aconite will often effect a resolution of the disorganizing process. But you have to use it in massive doses, one

or two drops of the first attenuation or even the ticture in a tumblerful of water, a spoonful every two or three hours.

In scrofulous subjects inflammation of the glands occurs quite frequently, so much so that a tendency to this sort of inflammation is generally regarded as a symptom of constitutional scrofula. There is one form of scrofulous glandular inflammation which it may be appropriate to notice in connection with adenitis; I allude to

Inflammation of the Mesenteric Glands or *Mesenteric Ganglionitis.* Gentlemen, let me urge you to depend upon Aconite in this devastating affection as one of your staunchest friends. You may deem it advisable to use Balladonna, Mercurius, Iodine, Arsenic, Calcarea, Hepar sulphuris; I care not what medicine you use besides, but never lose sight of the power which Aconite possesses more perhaps than any other drug in our Materia Medica, to restore the process of animalization if it has been interrupted by some cause or other. The mesenteric glands seem to be the chief means by which this process is carried on in childhood. In every stage of this disease Aconite is in its place. Not only pathological considerations, but the symptomatic condition of the patient lead us to recommend Aconite in this disease. The febrile dryness of the skin and the fever which is more or less constant, the diarrhœa or the alternate diarrhœa and constipation, the abdominal enlargement, the alternate loss of appetite and canine hunger, the fitful mood of the little patient, or his habitual fretting and his depression of spirits, his peculiar restlessness at night and the nightly exacerbation of the symptoms; all these signs indicate Aconite as a proper remedy in this disease. But, Gentlemen, you must not be afraid of using the lower preparations and even the tincture of this drug. I care not how long homœopathic physicians may overlook the great fact that Aconite is one of our most efficient remedies for *Tuberculosis;* the time will come when the retro-formative virtues of Aconite, by which I mean the power which Aconite possesses, to stimulate the absorbent vessels, and, by this means, not only to remove the tuberculous infiltration but to restore the normal tissue whether parenchymatous, serous, muscular or any other, will be acknowledged and made use of in practice. But do not tell me that you have used Aconite in the 200th or 2000th potency and found it wanting. There are cases where the higher potencies of Aconite are perfectly applicable; but tuberculosis is not one of them. I have uniformly got along far better with the lower potencies and with the tincture. As I said before, you may use the Aconite in alternation with other drugs such as Iodine, Kali hydriodicum, Belladonna, Calcarea, Hepar sulphuris, Mercurius and others, but your safest plan, in all tubercular diseases, will always be to give an occasional dose of Aconite, no matter what other medicine you may resort to along with it. Never give more medicine than is necessary to cure your patient, but do not give any less either. It is your privilege to use the tincture up to the merest breath of a drug. I am no advocate of massive doses; I have taken and shall take every opportunity of recommending the higher potencies to your careful consideration, but I believe, and I would urge you to believe, that it is no more a lower homœopathy to use low

doses than the use of high potencies constitutes a higher homœopathy. Some physicians have been pleased to designate the use of the higher potencies as a species of higher homœopathy. Gentlemen, this is doing great injustice to a vast majority of the practitioners of our School. The homœopathicity of a drug to a disease depends upon the qualitative, not upon the quantitative, relation of these two elements, and ten drops of the tincture of one drug may be far more homœopathic than ten pellets of the ten thousandth potency of another.

I have alluded to *Neuralgic* and *Scrofulous Inflammations*. In neuralgic inflammation, which is generally of a rheumatic character, the fever may be exceedingly moderate, and at times almost wanting, although the pain is most severe, often excruciating: the affected region is swollen, tender, sometimes hotter than the surrounding parts, and the pain which is felt in the interior of the tissues, is of various kinds: burning, stitching, aching, throbbing, tearing, wrenching. This neuralgic rheumatism may affect the joints, muscular tissue, the neurilemma, the periosteum, or some internal viscus. Aconite is a very efficient remedy, but you must give the middle potencies from the 6th to the 12th; the tincture generally produces severe aggravations of the symptoms. Nevertheless cases may occur where the low potencies may seem preferable. Neuralgic, scrofulous or arthritic inflammations probably all belong to the same family of diseases. If these inflammations are accompanied by high fever, you will get along better with the lower than with the higher or middle potencies.

In *Scrofulous Ophthalmia*, with a rose-colored inflammation of the conjunctiva, profuse discharge of acrid tears, swelling of the lids and excessive photophobia, the lower potencies and even the tincture of Aconite are uniformly preferable. You will recollect, Gentlemen, that in one of our cases of poisoning, scrofulous ophthalmia was a marked effect of the drug.

In *Rheumatic Contraction of the Tendons* which may be looked upon as a species of neuralgic rheumatism, the lower potencies of Aconite are generally to be preferred. Dr. Arneth produced this symptom in his proving of Aconite.

There is a most important form of inflammation which it is proper to class in the category of nervous or neuralgic inflammations; I allude to

Inflammation of the Spinal Marrow or Myelitis. The effects of Aconite upon this important organ, which have been obtained by several of our provers, shadow forth this disease in sufficiently distinct outlines to permit us to recommend Aconite as a specific remedy for its cure.

The symptoms of this disease show themselves more in the extremities and other organs of the body than in the spinal marrow itself; but all these symptoms correspond most perfectly with our Aconite-provings.

If the whole spine is affected, all the organic functions are more or less impaired; in the upper part of the body we have paralysis of the upper extremities, dyspnœa, orthopnœa, excessive irregularities in the

heart's action; in the middle portion we have: numbness and paralysis of the abdominal walls, diarrhœa or constipation, symptoms of enteritis; and if the lower portion of the spine is affected, we have all sorts of derangements in the abdominal functions, retention of urine or else inability to hold it; uterine derangements, paralysis of the rectum and of the lower extremities. All these symptoms, together with the constitutional fever, the violent flushes in the face, the pain in the head, dizziness, and the peculiar pains along the spine, shocks of paralytic pain, boring and tearing pains, and the like, indicate Aconite as a great remedy for this disorder.

In *Chronic Myelitis* or *Spinal Irritation*, the same remedy may be used; the functional disturbances which characterize spinal irritation, find their counterpart in the physiological action of Aconite upon the healthy organism.

Among the recorded provings of Aconite, the following symptoms point more or less to irritation of the different portions of the spinal column:

Burning-gnawing pains near the dorsal vertebræ;

Violent sticking, digging pain all along the spine, aggravated by an inspiration;

Boring pain in the sacral region, left side;

Crawling sensation in the spine;

Feeling of weakness in the nape of the neck, with sensation as if the flesh were loose, and stinging in the nape of the neck, when moving the head;

Stitches in both sides of the nape of the neck.

Accompanying these symptoms, we have soreness in the whole or in parts of the spinal column; soreness of the vertebral processes; soreness of the spinal marrow which may only be felt when making pressure with the finger.

Spinal irritation gives rise to a number of constitutional symptoms, such as drawing and tearing pains in the extremities; violent rush of blood, headache; oppression on the chest, palpitation, cough; soreness and spasmodic pains in the bowels, constipation or diarrhœa; numbness, deadness, coldness or heat of single parts; stitches through the joints, and many others which will be all found enumerated among the provings of Aconite.

Among the symptoms of Aconite there is one of great pathological importance; it is this: "weakness in the region of the head of the femur, and inability to walk, owing to an indescribable, intolerable pain, as if the head of the femur had been crushed, particularly after lying down and sleeping." This symptom shows that Aconite may be depended upon as a most useful agent in various important affections of the hip-joint; it shows us that Aconite may be used in

Acute or Chronic Rheumatism of the Hip-joint, and in that dangerous disease:

Scrofulous Inflammation of the Hip-joint or *Coxarthrocace* which is so insidiously inclined to terminate in suppuration and destruction of the joint. Give from the 3d to the 12th potency.

Carbunculous Inflammation should be treated with the lower potencies or with the tincture of Aconite. The inflammation involves the

muscular tissue, which is hot, red and sore and, after a while, sloughs off. Aconite will not only diminish the constitutional fever, but bring this painful process to a speedy termination.

Some time ago I had an opportunity of witnessing the curative powers of Aconite in acute carbunculous inflammation. It commenced with a black point in the upper part of the thigh, whence the disease spread with astonishing rapidity. In twenty-four hours a large portion of the thigh was hard, excessively painful, and exhibited a shining redness. The fever was very high. I put the patient on the tincture of Aconite. The inflammatory process was speedily arrested, the fever subdued, the inflamed parts sloughed off, and the patient was restored in ten days.

In *Gangrenous Whitlow*, of which you may read a description in Cooper's Dictionary, you will find Aconite an invaluable remedy. In some cases of poisoning, Aconite has been known to cause gangrene. I treated one case of this disease in a family where it was hereditary. The grand-father, father and a brother had died with it. A sister was attacked with it. It commenced in a black point in the palm of the hand, gradually travelling upwards along the arm. The hand and fore-arm were black as ink. The patient was entirely restored by means of poultices and the internal use of Aconite and Arsenic.

In *Acute Stomacace*, with heat in the mouth and sloughing of the lining membrane, no better remedy can be used than Aconite. The so-called *diptheritic inflammation of the mouth* and throat, when the throat is studded with numberless little ulcers of the size of a pin's head, excessively stinging and painful, with hard, inflamed borders and secreting a whitish, cheesy matter, Aconite is a true specific in every case where the disease has a rheumatic origin and the constitutional fever is more or less developed.

What I have said of inflammation, likewise applies to *Acute Congestions*. Every acute congestion is ushered in with a chill, followed by inflammatory fever. The well managed use of Aconite, in conjunction with other remedies more or less specifically adapted to the part, will conquer these serious disorders.

Passive Congestion may frequently find its remedy in Aconite. This condition is characterized by many symptoms which correspond very strictly with the effects of Aconite, These are a sensation of fulness and swelling, and a feeling of soreness in the parts where this sensation of fulness and swelling is experienced. A feeling of heat may likewise be complained of in these parts.

The symptoms of passive congestion of course vary according as one or the other organ is the seat of the trouble.

Passive Congestion of the Bowels, for instance, is characterized by a sense of fulness and weight in the bowels, a dragging sensation in the bowels, soreness, constipation or frequent urging to stool, with discharge of small quantities of mucus or else frequent ineffectual attempts to relieve the bowels,

Passive Congestion of the Lungs is characterized by symptoms like the following: sensation as if the chest were empty; this feeling may be succeeded by a sensation of fulness in the chest, with desire to

draw a long breath every now and then; occasional turns of slight hacking cough as if for the purpose of clearing the chest, and removing some obstruction.

Passive Congestion of the Heart, may manifest itself by a feeling of weight in the region of the heart, occasionally amounting to suffocation, and accompanied every now and then with palpitation, and with a feeling of anxiety and even dyspnœa.

Passive Congestion of the Liver may likewise occur, and is generally indicated by a sense of fulness in the region of the liver; by pressing upon this region, the patient is able to bring up a quantity of wind. At times the region of the liver feels sore, and the patient may even complain of an undue sensation of warmth in that part.

Even the stomach, and more particularly the pyloric region, may become the seat of passive congestion, with fulness and heaviness in this region, and raising of a quantity of wind off the stomach on making pressure upon the epigastrium. These passive congestions of the liver, stomach and bowels are frequently alluded to as infractions by the older pathologists.

CEREBRO-SPINAL GROUP.

It seems needless to dwell upon the cerebral and nervous affections with which Aconite is in curative rapport. You recollect that by virtue of the manner in which it affects the brain, this agent must be a great remedy in *Cerebral Apoplexy* and in *Congestive Headaches*. In order to render the indications in these affections still more definite, we will point out to the student of Homœopathy the most important symptoms bearing upon these conditions which have been developed by our provings.

The symptoms which point to *Sanguineous Apoplexy*, are varied.

We have:

Stupefaction of the senses and giddiness as if intoxicated.

Crampy sensation in the forehead or above the root of the nose, with a feeling as if one should lose one's reason.

Rush of blood to the head, with heat and redness of the face.

Throbbing of the temporal arteries; swelling of the jugular veins.

These are some of the more prominent head-symptoms indicating Aconite in sanguineous apoplexy. Among the following headache-symptoms we shall discover several which likewise point to Aconite in this affection.

Congestive Headache comprises a group of symptoms like the following, to be found among the positive provings:

Fulness and weight in the forehead, with sensation as if the brain and eyes would start out, or as if the brain were pushed against the forehead.

The head feels tight and constricted.

Crampy sensation behind the orbits, or as if in the bones, or over the root of the nose, with sensation as if one should lose one's reason.

Shooting, throbbing or shooting-throbbing headache, particularly when walking, abating when sitting down.

Distress as if the brain were moving up and down; it is aggravated by movement, or by talking.

Pain as if the head were compressed with equal force on all sides.

These forms of congestive or apoplectic headache may sometimes be so violent as to deprive the patient of consciousness. The extremities feel cold, the pulse is small and often scarcely perceptible; the features denote anguish and suffering; the face exhits a death-like pallor, or else looks bloated, mottled or dark-red. In some of these headaches, Aconite will act even in a highly potentized form; in other cases the strong tincture has to be used.

Bilious or *Bilious Congestive* headaches are characterized by many of the symptoms which we have enumerated in the previous paragraph. In addition to these, we may mention a few others, such as:

Burning distress in the head, as if the brain were moved by boiling water.

Headache as if the head were encircled with a red-hot iron.

Stupefying pain on the top, or in one side of the head, with excessive sensitiveness of the scalp, throbbing and stinging pain in the head, as if needles were stuck through the brain.

In bilious and congestive headache, the patient is generally exceedingly sensitive to noise and light. In bilious headache, the lower potencies of Aconite, or the tincture itself, are preferable.

Hysteric Headache, with sensation as if a ball were ascending in the brain, spreading a coolness through the brain; dizziness, obscuration of sight, stinging, aching and throbbing pain in one side of the head, in the temples, forehead or on the top of the head: finds its remedy in Aconite, from the 3d to the 12th potency.

Rheumatic and Catarrhal Headaches, with tight feeling in the head, sensitiveness of the scalp or of one particular spot in the scalp; heat in the head, soreness of the eyes, lachrymation, sneezing fits, chilliness, etc., may readily yield to Aconite.

A *Gastric Headache* caused by indigestible food, may require Aconite.

Nervous Headaches, coming on in consequence of nightly watching, a sudden and violent emotion, or paroxysmally every week, fortnight or month, may have to be treated with Aconite, from the 3d to the 12th potency. The symptoms generally are a violent aching pain in one half, or all over, the head.

In a common sick headache, one half of the head is generally affected. The head feels sore, hot, with excessive aching pain, stinging and throbbing, sensitiveness to noise and light; sometimes the eye of the affected side is irritated, swollen, red, and discharging a profuse quantity of tears. The middle potencies are generally preferable in this form of headache.

A headache may arise from the sudden suppression of an habitual discharge, such as the menses, piles, or even chronic coryza. Such headaches generally require Aconite, the lower potencies or the strong tincture. Aconite not only removes the distress, but restores the discharges.

You need not be reminded of the fact that Aconite possesses vast curative powers in paralysis, both of the motor and sentient spheres. The spasm-exciting action of Aconite, &c., will lead you in many cases of spasmodic or convulsive conditions to the use of this great agent.

We may as well allude in this place to the wonderful powers which Aconite possesses, of curing

Neuralgia. Aconite is not a panacea for neuralgia; but if properly used, sometimes internally, and at other times both internally and externally, it may prove a most wonderful deliverer from this most distressing malady. If you look at the symptoms of Aconite, you will find that burning, boring, stinging, jerking, screwing, aching, lancinating, wrenching and other pains, constitute so many therapeutic indications for the use of this great drug.

Neuralgic pains may occur in any part of the human body, although they are met with in some parts more frequently than in other. The face, scalp, liver, womb, bowels, and rectum are most generally invaded by this kind of suffering.

Neuralgia of the Face, or prosopalgia, is generally characterized by boring, wrenching, stitching, burning, shooting and lancing pains.

Neuralgia of the Liver, or *Hepatalgia*, is characterized by hard aching, burning, constricting, dragging pains.

Neuralgia of the womb or *Hysteralgia*, by gnawing, burning and hard aching, or screwing pains; and

Neuralgia of the Rectum, or *Proctalgia*, by hard aching, dragging or burning pains.

If I recommend Aconite for neuralgia, I do not recommend it as a panacea, but as a remedy which deserves far more attention than is generally devoted to it by homœopathic physicians. In all the forms of neuralgia where our provings indicate it, I have seen the most brilliant effects produced by its use in various degrees of strength.

Before concluding this chapter, we will again advert to the great curative powers of Aconite in

Paralysis, where the symptoms obtained by our provers most pointedly indicate its use. Aconite causes

Numbness of the small of the back, extending to the lower limbs;

Formication over the back, upper arms and thighs;

Numbness in the shoulders;

Numbness and lameness of the left arm which scarcely permits one to move the hand;

Weight and debility of the fore-arms which feel as if gone to sleep when taking hold of any thing;

Numbness, icy coldness and insensibility of one hand;
Tingling pain in the fingers, even while writing;
Stinging and prickling in the arms and fingers;
Hot prickings in the tips of the fingers;
Similiar symptoms are experienced in the lower extremities. All these symptoms are more or less characteristic of an attack of paralysis. These symptoms, in conjunction with the toxicological effects of Aconite which have been fully described on previous pages, show that this remarkable agent must be of eminent use in paralysis.

Another affection to which the provings of Aconite point, is *Nervous Tremor*, which may befal persons who have worked too hard, especially females whose constitutions are not very robust, and whose nervous energy has been exhausted by excessive muscular exertions nightly watching and the like. Aconite causes symptoms like these:
Trembling of the arms and hands;
Trembling of the lower extremities;
The lower extremities totter, they are in constant motion.
This trembling is described by some pathologists as *Chorea Minor* or *Muscularis;* it may sometimes occur as a symptom of hysteria.

In *Cataleptic Spasms*, Aconite may not be overlooked. This agent seems to be possessed of a power to affect the nervous influence similarly to what we know it to be affected in catalepsy. Without extinguishing the consciousness, it seems to neutralize the faculty of manifesting it by external acts.

LECTURE XII.

ORBITAL GROUP.

THE curative virtues of Aconite in ophthalmia have been abundantly explained, page 131. Aconite is one of those drugs which is in therapeutic rapport with every form of this disease. *Conjunctivitis, Sclerotitis, Iritis, Retinitis,* may yield to Aconite either partially or completely. Or, if we prefer, we may apportion Aconite to the different forms of ophthalmia, as established by pathognomonic differences, catarrhal, rheumatic, arthritic, scrofulous. Even purulent and syphilitic ophthalmia may be advantageously treated with Aconite. You will not forget that Aconite is adapted to the most acute forms of these different kinds of ophthalmia, even when the brain seems very much irritated, as may be inferred from co-existing delirium and agonizing distress in the forehead, more particularly immediately over the eyebrows. In such a case it may be well to alternate Belladonna with Aconite, unless there should be no doubt

concerning the exclusive homœopathicity of Aconite to the existing disease.

The fever which accompanies acute ophthalmia in all cases where Aconite is indicated, is generally very intense, although not necessarily so in the milder forms of conjunctivitis. In acute sclerotitis the fever runs high; this is particularly the case in acute iritis and retinitis.

It may not be improper to remark that if, under the action of Aconite, a reaction should have been established, characterized by profuse perspiration, it is of the utmost importance not to check this cutaneous action by exposure to a draught of air or by any cause whatever. Such an accident might be followed by a return of the acute distress in the orbital region, which indeed might be much worse than before. If such a suppression should take place, we have to resort to every possible means of restoring the cutaneous exhalations as speedily as possible. The Aconite should be repeated at shorter intervals, and the patient may be enveloped in hot blankets on the bare skin; we have found this one of the most efficient and speedy means of re-exciting suppressed perspiration.

In *Traumatic Ophthalmia*, Aconite supersedes the necessity of bleeding from a vein or by the application of leeches. We have shown before, that it will even cure iritis. The milder forms of inflammation resulting from the irritating presence of a foreign body in the eye, sand, dust, etc.; or inflammation caused by wounding the eye with a pin, nail, lime, red-hot cinders, etc., may be and most frequently should be treated with Aconite.

Our provings inform us that Aconite causes yellowness of the sclerotica. This symptom indicates the twofold use of Aconite in jaundice, and likewise in acute irritation of the eyes, or

Sub-acute Ophthalmia, when complicated with, or in a measure arising from hepatic derangement. Persons who are troubled with torpor of the liver, are likewise frequently subject to

Weak or Sore Eyes, with burning and smarting of the eyes and lids, sensitiveness to the light, inability to use the eyes without fatiguing or irritating them; the eyes frequently assume a jaundiced appearance. Aconite, first to third potency, may be given.

Blepharophthalmia is distinctly delineated by our provings. We have

Soreness and itching of the eyelids.

Painfully-tensive, red, hard swelling of the lids, especially early in the morning.

Pricking and smarting in the eyelids as when a cold is setting in.

We have stated, page 126, that Aconite is in homœopathic rapport with amaurosis. Among the symptoms of Aconite, a number of symptoms may be found all pointing to this disease. We quote the following:

Obscuration of sight.

Complete blindness.

She sees as through a gauze.

Warm and undulating feeling in the eyes, with sensations as if there were not light enough to read by.

He sees sparks and mist.

He sees flashes and scintillations.

These symptoms are present in complete or partial loss of sight, *Amaurosis* or *Amblyopia.*

Two among the eye-symptoms of Aconite distinctly indicate its use as a remedy for

Strabismus, where it may, however, be available only in recent cases originating in rheumatic exposure, or consequent upon an operation, or arising spontaneously. These symptoms are:

Distortion of the eyes, and

Squinting of the eyes upwards.

In cases of this kind, it may be necessary to resort to the lower potencies and even to the tincture of Aconite root.

AURICULAR GROUP.

We have already shown, on page 125, that Aconite will cure rheumatic deafness. In partial deafness or *hardness of hearing,* it may likewise prove useful. It is indicated by the following symptoms to be found among the recorded provings:

Tingling and roaring in the ears.

The ears feel stopped up, with sensation as if the vibrations of the air were prevented from impinging upon the tympanum.

Aconite likewise causes and will therefore cure

Earache, Otalgia, to which the following symptoms point among the recorded provings:

Tearing in the ears, or tickling as from a little worm crawling about in the right ear.

Burning in the left ear.

Earache which is removable by Aconite, may be occasioned by a variety of causes, such as: exposure to a keen wind; sudden checking of the perspiration, retrocession of a rash upon or behind the external ear, or drying up of an habitual dampness behind the ears in the case of scrofulous children. The earache may be accompanied with a good deal of beating in the interior of the ear. Excessive sensitiveness to noise may likewise be present. This symptom is covered by the following symptoms among our provings: "The hearing is excessively sensitive; every noise is intolerable."

Among persons who are subject to earache, the paroxyms are often characterized by swelling of the parts surrounding the ear. Blood is very frequently discharged from the ear. Scrofulous children are very frequently troubled by this distress. Aconite, and in some cases Belladonna, will relieve this earache.

Among scrofulous children earache may occur in consequence of the suppression of an habitual discharge from the ear; and on the other hand, such a discharge may constitute the natural termination of an attack of acute earache. For this kind of

Otorrhœa we recommend Aconite, a drop of the tincture of the root

in a tumblerful of water. The discharge looks yellowish and has a very offensive smell. Otorrhœa which will yield to Aconite, is always accompanied more or less with twinges of pain, at times aching, at other times tearing, stitching or burning. In some states of the system the patient may be entirely free from pain.

In *Chronic Otorrhœa*, where acute paroxysms such as we have described, occur every now and then, a dose of Sulphur twelfth to eighteenth potency, may be advantageously interpolated once a week.

Although it may be supposed from what we have said under the head of inflammatory group, that Aconite is specifically adapted as a curative agent to

Otitis, acute inflammation of the ear, yet we will specify more fully the symptoms requiring the use of this agent. We deem this so much more necessary as many homœopathic physicians are in the habit of considering Pulsatilla a sort of panacea for this affection.

Aconite is more particularly adapted to rheumatic otitis, especially among individuals who are somewhat tainted with scrofula, subject to eruptions or soreness upon or behind the ear, rush of blood to the head, earache. Both the internal and external ear may be inflamed. The patient complains of a distress as if the ear should be torn out of the head; a violent throbbing, burning, lancinating, dragging pain; excessive soreness, sensitiveness to noise; the ear-passage looks swollen, red, shining. If the inner ear is much inflamed, the brain may be disturbed; the patient may complain of violent throbbing or shooting pain in the head, dizziness; he may even be out of his senses. Blood and a thin watery fluid may be discharged out of the ear. The parts around the ear may either be swollen or else feel so. Acute inflammation of the ear is always attended with fever ushered in with a chill or chilly creepings along the back and extremities.

In this disease we prescribe a few drops of the German tincture in twelve tablespoonfuls of water, a teaspoonful every half hour until an improvement takes place; or else a drop or two of the first attenuation of the tincture of the root in a similar manner.

FACIAL GROUP.

The changes which Aconite effects in the color of the face, are characteristic of its power to affect the nervous system and the capillary circulation. Among the recorded provings we notice the following symptoms:

Bloating of the face, or sensation as if the face had grown larger, with redness and heat of both cheeks.

Hot face, with coldness of the hands and feet.

Redness of one cheek, and simultaneous paleness of the other.

Sweat on the forehead and upon the cheek, upon which one is lying.

These symptoms occur in simple irritative, catarrhal, or rheumatic fever, or in any form of inflammatory fever where Aconite is required as a specific homœopathic agent.

Other symptoms show the deep influence which Aconite exercises

upon that portion of the nervous system which constitutes the connecting link between the mind and the face. This agent causes an

Expression of terror and imbecility in the countenance.

Hippocratic countenance, and alteration of the features generally.

These symptoms refer to mental disorders, or they may imply the existence of utter prostrations in acute attacks such as Cholera, spasmodic or inflammatory Colic, etc.

Other symptoms show that Aconite has a local action upon the trigeminus, and may therefore prove of service in pathological conditions to which the face is specially liable. These symptoms are:

Tingling pain in the cheeks, and sensation as if they were swollen.

Ulcerative pain in the region of the malar bones.

Sensation as if the face were swollen and hot.

These symptoms, in connection with the general fever-symptoms, which Aconite excites, point to this agent as a remedy for

Rheumatic Inflammation and swelling of the face, to which sensitive individuals of a plethoric habit and with a scrofulous diathesis, or who are afflicted with bad teeth, are more or less liable unless they have the means of avoiding exposure. Use the German tincture or the lower attenuations of the root.

It may be proper to record here the following symptom expressive of the peculiar action of Aconite upon the olfactory nerve: "The sense of smell is very sensitive; disagreeable odors affect him a great deal."

This symptom may indicate Aconite for an abnormal sensitiveness of the olfactory nerve generally, and for

Hysteria in particular, in which affection this peculiar sensitiveness to odors sometimes constitutes a prominent symptom.

DENTAL GROUP.

Aconite affects the teeth and jaws with more or less intensity. It causes symptoms like the following:

Pain in the articulation of the jaws when chewing.

Sudden shocks of a burning, tingling and lancinating pain in the lower jaw.

Penetrating pain in the lower jaw as if it should drop.

Sticking and drawing pain in the left upper and lower jaw.

The lower jaw is involuntarily pressed against the upper.

Rigidity of the jaws.

Lockjaw.

These symptoms point to Aconite as a remedy for

Rheumatism of the Jaws, where these laming, drawing, stitching and tearing pains occur. They also show that Aconite is one of our great agents in

Trismus, whether *idiopathic* or *traumatic.* I am not aware that Aconite is used much by homœopathic physicians in this affection, but allow me to impress its efficacy upon your minds if you have to

combat trismus resulting from rheumatic exposure, or from a shock of the nervous system in consequence of an injury.

In *Toothache,* Aconite is a most useful agent. It causes in persons in health a

Sensation as if the teeth were loose, with a burning and tingling sensation in the jaws and tongue.

Stinging in the teeth.

Pressure in the upper teeth.

The teeth are sensitive to the air.

The teeth are set on edge.

These symptoms show that Aconite may be of great use in toothache caused by exposure to a current of air, a keen wind, or by any rheumatic exposure whatsoever.

Toothache curable by Aconite, is of the congestive kind, with throbbing, stinging pain, or a hard aching, pressing pain as if the tooth should be shattered to pieces; inflammation of the gums, rush of blood to the head, headache, chilliness, sensitiveness to the open air, nervousness and restlessness. Aconite is particularly suitable to sensitive females, persons with a plethoric habit of body, high livers, individuals addicted to the use of spirits, or leading a sedentary life, taxing their brain, having a good deal of mental anxiety, grief.

The symptomatic provings likewise show that in

Rheumatic Inflammation of the Gums, Aconite may prove a valuable remedy. The gums look swollen, dark-red, inflamed; they are exceedingly tender to the touch, bleed readily; the patient complains of a burning, creeping pain in the gums. In scrofulous individuals, this form of inflammation may very speedily adopt a scorbutic character. Fever-symptoms, chilliness followed by, or mingled with heat and dryness of the skin, headache, dizziness, are generally present. Salivation may likewise exist.

In this affection we prefer the lower preparations of Aconite, from the first potency to one drop of the tincture of the root in twelve tablespoonfuls of water.

BUCCAL GROUP.

Aconite causes a variety of symptoms in the lining membrane and nervous tissue of the mouth which render it a valuable agent in several harassing affections. It causes

Sensation of dryness or actual dryness of the mouth and tongue.

Stinging and burning of the dorsum of the tongue; the tongue feels swollen.

Paralysis of the tongue, which lasts only a short time.

Soreness of the orifices of the salivary ducts, as if corroded.

Ptyalism, with stitches in the tongue.

Coldness of the tongue.

The lips are burning and feel swollen.

Burning of the tip of the tongue.

Numbness of the tongue.

The tongue feels like leather.
Inability to speak.
Spasmodic sensation in the region of the root of the tongue.
Vesicles on the tongue which burn a good deal.

To any one who has studied the character of the affections to which the mouth is liable, these symptoms must prove highly suggestive. Some of these symptoms refer to the state of the mouth and tongue such as it may exist in some forms of acute remittent fever, more particularly in *Gastric* and *Bilious Fever*.

The burning on the tongue, and the soreness and smarting at the tip of the tongue may occur in *Acute Dyspepsia*.

Paralysis of the Tongue, with numbness and inability to speak, has been alluded to in previous paragraphs. We must not forget in this connection, to refer to the transitory paralysis of the tongue occasioned by abuse of spirituous beverages. After or during a drunken fit, the tongue often feels *thick*, as the phrase goes, causing an utter inability to articulate, although the consciousness may not be much disturbed. This form of paralysis yields to the tincture of Aconite more readily than to any other drug, except perhaps Nux vomica, which is generally considered by homœopathic physicians as a panacea for paralytic conditions brought on by alcoholic poisoning.

Aconite is a remedy for rheumatic

Stomatitis, characterized by soreness of the inner mouth, ptyalism, stitches in the tongue, swelling and stinging-burning pains in the gums. We have again and again removed this condition by means of the tincture of Aconite.

There are two forms of stomatitis, where Aconite is indispensable; we allude to.

Nursing Sore Mouth and *Cancrum oris*. In these affections, Aconite is not a panacea, but it may prove specifically adapted to some cases of either of these affections, when the following symptoms constitute characteristic indications: The mouth is studded with aphthous ulcerations causing much stinging and burning pain; they are surrounded with inflamed borders, or the whole of the mucous membrane may look inflamed, with patches of whitish disorganizations spread about here and there. Ptyalism is a prominent symptom. This condition of the mouth is frequently met with among nursing females of a scrofulous or scorbutic diathesis. It should be treated with the tincture of Aconite, more particularly if the whole mouth feels hot, very sore, and the patient's strength is much reduced, the appetite is impaired and the bowels incline to diarrhœa.

In *Cancrum oris*, where the disorganizing process emanates from rheumatic inflammation of the gums or lining membrane of the cheeks, with intense stinging and burning pain, hot mouth, secretion of ichorous, bloody pus, ptyalism, dark redness of the parts, Aconite will be found eminently useful, if given in doses of from one to two drops of the tincture in twelve tablespoonfuls of water, a spoonful every hour or two hours after an improvement once begins to be perceived.

There are some forms of *Cancrum oris* which have to be treated with Arsenicum, Mercurius and perhaps other drugs. We shall speak of them in due time; for the present let me urge upon you the importance of Aconite in all cases of this distressing affection where a purely rheumatic inflammation has given rise to it, and where the disorganizing process is not characterized by the destructive sloughing and the fetid ptyalism which generally indicate Mercury.

Coldness of the Tongue occurs in Asiatic Cholera, and in a few other affections.

The burning and sensation of swelling in the lips may be interpreted as referring to a swelling and inflammation of the upper lip which we sometimes meet with in scrofulous subjects, more particularly as the result of rheumatic exposure. The upper lip is swollen, rigid, looks red and inflamed, feels sore, and may break out in blisters. A few drops of the first attenuation of the root, or a drop of the tincture in twelve tablespoonfuls of water, may prove the most appropriate preparation.

Numbness and rigidity of the tongue, or sensation as if the tongue were like sole-leather, is a symptom which I have frequently met with in simple *Typhoid Fever*.

Glossitis or acute inflammation of the tongue is distinctly indicated by the above mentioned symptoms. The tongue is swollen, excessively sensitive, has a dark-red appearance, inclines to bleed; the patient complains of a burning heat in the tongue, stinging and shooting pains are likewise experienced in it; if the inflammation is badly managed, it is apt to assume a dangerous character, and is always attended with a high fever. Of a mixture of one drop of the tincture of Aconite in ten tablespoonfuls of water, a tablespoonful may be given every hour, until the patient feels relieved.

PHARYNGEAL GROUP.

In both acute and chronic affections of the throat, Aconite proves a most efficient remedy. Among the symptoms recorded by the provers of Aconite, the following are the most note-worthy:

Scraping in the throat, with difficulty of swallowing.

Stinging and choky feeling in the throat, especially when swallowing or talking.

Burning and stinging in the fauces.

The throat feels swollen and full.

Sensation as of a body with sharp edges and points being lodged in the throat.

Prickling burning in the palate, throat, and along the trunk of the Eustachian tube, with increased secretion of saliva.

The saliva which he spits up, is mixed with clear blood, accompained with sweetish taste in the mouth.

These symptoms are of high therapeutic import to a homœopathic practitioner. The burning and stinging distress, and the sense of fulness indicate Aconite as a remedy for

Acute Angina Faucium, when the throat, (the velum, fauces, uvula and tonsils) looks dark-red, with almost complete inability to swallow, heat and dryness of the throat which feels very sore as if raw; the tonsils looks swollen like lumps of raw flesh; the patient complains of stitches flying through the throat, sometimes along the Eustachian tube to the ear. This form of angina is always attended with fever, creeping chills followed by heat and dryness of the skin. Throbbing headache, dizziness, and rheumatic pains in the extremities, soreness of the muscles, etc, may likewise be present. In acute angina the patient may hawk up some blood.

Aconite is adapted to acute inflammation of any part of the throat; hence we may prescribe it in

Angina Uvularis, Pharyngea, Tonsillaris, etc. In angina tonsillaris or tonsilitis, the rational use of Aconite may save the patient a good deal of suffering. Under the common treatment of Old School physicians, this inflammation generally terminates in suppuration, causing excessive distress to the patient until the abscess is lanced or discharges spontaneously. This difficulty is avoided by the timely use of Aconite which scatters the engorgements, either unaided or in alternation with Belladonna. In most cases of uncomplicated quincy sore throat, if caused by rheumatic exposure, Aconite will be found sufficient. In most cases the first or second attenuation of the tincture of the root will be found sufficient; in other cases a few drops of the German tincture in a tumblerful of water may have to be used.

Even in chronic *Sore Throat*, Aconite may prove exceedingly useful as one of the medicines to be employed in the case. The following symptoms recorded by our provers, seem to imply the homœopathicity of Aconite to this affection: "Burning, and feeling of dryness of the soft palate and fauces, not even passing off after a meal, and frequently inducing empty deglutition."

In cases of *Sore Throat*, where the patient complains of much dryness and heat in the throat, wants to moisten the throat very frequently, and seeks relief by continually hawking and swallowing saliva, Aconite may prove very useful, if given every now and then, in conjunction with other medicines.

In the first stage of *Diphtheria*, before plastic exudation has taken place, if the fever runs high, and the inflammation of the throat either presents an equally diffused appearance, or occurs in erysipelatous patches irregularly traversed by streaks of a deeper redness, some homœopathic physicians prescribe Aconite, first or second attenuation; if no improvement sets in very speedily after the use of Aconite, Belladonna had better be given alone or in alternation with the former agent.

The inflammation, instead of being located in the pharynx, may involve the œsophagus, producing œsophagitis. The pain may be

felt under the sternum or under the riphoid cartilage, or near the cardia, etc., according as one or the other portion of the œsophagus is inflamed. It is an aching, burning and shooting pain with a sensation of rawness when the food passes over the inflamed surface, on which account emollient drinks should be principally used. Aconite should be given as in Angina of the throat.

CHYLO-POIËTIC GROUP.

Not all homœopathic physicians seem to be aware of the comprehensive range of action peculiar to Aconite in this direction. Few drugs in our Materia Medica affect the liver as characteristically as Aconite; hence few drugs have it in their power to develope such marked changes in the condition of the chylo-poiëtic organs as this extraordinary agent.

The effects of Aconite upon these organs may be conveniently grouped under the following heads:

1. Taste;
2. Appetite:
3. Abnormal gastric secretions;
4. Nausea and vomiting;
5. Abnormal sensations during or after a meal;
6. Abnormal sensations without reference to the use of food or drink;
7. Pains in the bowels;
8. Alvine evacuations; exudations from the anus; hæmorrhoids; worms.

1. *Taste.*

Aconite alters the taste in various ways; it causes a bitter taste, or else a putrid taste; also a flat taste, or a taste as of fish or rotten eggs. The taste in some instances is a nauseous taste causing a feeling of loathing; it disappears somewhat while eating, but reappears shortly after. Aconite causes a smarting sensation on the tongue, and hence a taste as of pepper in the mouth.

These alterations of the taste may be of great use to us in various fevers, and gastric derangements, to which particular reference will be made in subsequent paragraphs.

2. *Appetite.*

Aconite causes loss of appetite, also with a sour taste in the mouth. This symptom may be present in certain forms of *Dyspepsia,* where we have often had occasion to combat it with the first, second or third potency of Aconite, especially in the case of nervous females of a nervous-bilious temperament.

Aconite likewise causes a form of nervous irritation of the stomach characterized by canine hunger; the recorded symptom is: "Intense feeling of hunger which continues even after a meal." This symptom indicates Aconite in

Bulimia, a constant and insatiable craving for food, in spite of which the patient may grow thin.

This bulimia sometimes amounts to a simple *hungry gnawing* which troubles one either more or less continually or in paroxysms, a condition of the stomach for which the French use the very expressive and pointed term "*agacement*." The middle potencies from the sixth to the twelfth will relieve it.

Aconite also causes a burning, unquenchable thirst. This symptom may occur in many acute affections, where this agent is indicated.

3. *Abnormal Gastric Secretions.*

Among these we distinguish the following characteristic effects of Aconite:

Sensation as if the whole mouth became filled with air and rotten eggs.

Rising of sweetish water to the mouth, like waterbrash, sometimes accompanied with nausea.

Scraping sensation from the pit of the stomach to the throat, with nausea, qualmishness, and a sensation as if water would rise.

Empty eructations, or ineffectual desire to eructate.

Burning sensation from the stomach to the mouth, through the entire tract of the œsophagus.

Heartburn.

These symptoms show how useful Aconite may be in

Heartburn, when characterized by the rising of sweetish water to the mouth, a burning sensation along the œsophagus, and a feeling of qualmishness at the stomach. This affection has already been alluded to, page 100. Homœopathic physicians are very much in the habit of associating Arsenic with burning pains, Both the provings and the toxicological effects of Aconite show that a burning sensation, or the rising of a burning fluid in the œsophagus may constitute a characteristic indication for Aconite.

We may here mention an affection which is sometimes met with in the case of females who are troubled with bilious derangements. We mean a

Bad or *Foul Taste* in the pharynx, which is generally accompanied with a qualmish feeling at the stomach. Patients complain of a taste as of foul flesh in the throat. The affection seems to be pathologically represented by engorgement of the capillaries, and consequent secretion of foul, disorganized mucus. It is always traceable to, or connected with, abnormal conditions of the bilious secretions. No medicine will relieve this exceedingly annoying derangement more speedily than Aconite, first attenuation of the tincture of the root.

4. *Nausea and Vomiting.*

Aconite causes

Loathing, qualmishness, nausea and inclination to vomit, especially

in the pit of the stomach; afterwards this nausea and inclination to vomit are sometimes experienced in the region of the sternum, and in the throat, sometimes while walking in the open air; sometimes these sensations are worse when sitting still, and abate again during a walk.

Nausea which is relieved by eating.

Inclination to vomit as after eating anything sweet or fat.

Vomiting, with nausea, thirst, general heat, profuse sweat and enuresis.

Vomiting of a greenish-gray, watery liquid.

Vomiting of green bile.

Vomiting of blood and mucus.

Vomiting of blood.

Vomiting of lumbrici.

Vomiting accompanied by anxiety.

These symptoms are of the utmost importance as therapeutic indi cations, and may be turned to excellent account by an intelligent homœopathic practitioner,

Who does not see that Aconite may prove an admirable remedy for *Nervous Nausea* of this uncertain, wandering order, which is pictured by these provings? At times it is felt under the sternum, at other times in the throat, wandering about according as one or the other set of capillary vessels may become irritated and congested. For this nausea depends upon capillary engorgement, which may itself be traceable to an irritation of some nervous filaments of the great sympathetic. It may be caused by some sudden emotion, a violent surprise, fright, or by any sudden shock or cause whatsoever which tends to disturb the nervous equilibrium. One of these causes may be pregnancy.

Nausea of Pregnant Females is very frequently relieved by Aconite, especially among hysteric females, when attended with dizziness, rush of blood, palpitation of the heart, rising of sweetish water, vomiting of bile. The first six potencies will be found the most useful.

Nausea may be a symptom of biliousness, and hence we shall find that in

Bilious Nausea, Aconite is one of our most reliable remedial agents, It is particularly in the spring of the year that some persons are liable to this kind of derangement. They complain of loss of appetite, they feel heavy, weak, the head feels dull and dizzy, the bowels full and distended; the taste in the mouth is altered, the tongue looks coated; they feel sick at the stomach, are troubled with water-brash, and even vomiting of bile. The sallow complexion and the dull look indicate a bilious state of the system. This whole group of symptoms pertains to Aconite more than to any other drug; hence it will yield to this agent.

Vomiting of bile may occur in bilious fever, jaundice or in other violent derangement of the biliary secretions.

Vomiting of Blood or *Hæmatemesis*, may be arrested by Aconite. It may occur in consequence of a strain or blow upon the stomach, in which case Arnica may be required. But if the discharge of blood should be attended with much anxiety, palpitation of the heart,

soreness of the epigastric region, dizziness, paleness or violent headache, Aconite may prove preferable to Arnica, or else these two medicines may be given in alternation.

Vomiting of large quantities of dark red, coagulated blood has been arrested by Aconite.

Vomiting of arterial blood, with sweetish taste in the mouth, swelling of the region of the stomach, bubbling sensation and soreness in this region, præcordial anxiety, coldness of the extremities, small, hurried pulse, pale face, requires Aconite. A drop of the tincture or a few drops of the first attenuation in a tumblerful of water may be given, a tablespoonful every five or ten minutes, until reaction is established, the pulse bounds up, the skin becomes warm, and the face looks red; after which Aconite may be continued at longer intervals.

Among the symptoms of Aconite there is one which bears upon this condition very characteristically; it is this: "Sensation as of a cold stone lying in the stomach, notwithstanding repeated vomitings and frequent stools." This symptom very often precedes an attack of hæmatemesis. After the vomiting of blood has once commenced, the coldness may give place to a burning sensation in the epigastric region.

5. *Abnormal Sensations During or After a Meal.*

In this respect the action of Aconite upon the digestive organs is characterized by some exceedingly interesting symptoms, among which we distinguish the following:

While eating, the prover experiences a violent pressure in the stomach, as if he had eaten something indigestible, accompanied by a feeling of warmth and sensitiveness in the pit of the stomach.

Singultus, especially in the morning, or else after eating or drinking.

These symptoms may characterize a peculiar form of *Dyspepsia*, with which Aconite will be found in curative homœopathic adaptation; a feeling of weight and fullness at the stomach, a sensation of warmth, and sensitiveness to pressure in the epigastric region, raising of wind, and such symptoms of gastric derangement as have been indicated under the previous heading.

Many of the symptoms of gastric derangement to which Aconite is homœopathic, are relieved for a period by eating or drinking; they return again one or two hours after. This peculiar change may be considered as characteristic to some extent of the homœopathicity of Aconite to these gastric affections.

In *Acute Indigestion*, Aconite will prove indispensable. A few drops of the first attenuation made of the tincture of the root, should be mixed in ten tablespoonfuls of water, of which mixture the patient may take a small tablespoonful every half hour. Acute indigestion is attended with a good deal of vascular engorgement of the inner coats of the stomach, and hard, aching, burning pains, great soreness to contact, violent nausea, generally resulting in

vomiting and hard straining to vomit. All this distress is most readily and permanently relieved by a few doses of Aconite.

7. *Abnormal Sensations Without Reference to the Use of Food or Drink.*

Aconite causes a series of abnormal sensations in the region of the stomach, among which we distinguish the following:

Pressure in the stomach and pit of the stomach as from a load or stone, with a feeling of repletion; this pressure is sometimes increased to asthma, or it shifts to the back, occasioning a crampy sensation in that part, and accompanied with a feeling of stiffness as one experiences after having raised too heavy a load.

This symptom is significative of congestion which may first affect the stomach and then shift to the back, or even crowd upwards towards the lungs. We sometimes meet with organisms where these engorgements or congestions of the capillary system occur as habitual constitutional conditions. The congestion may shift to various tissues or organs: to the back, causing a sensation as if the muscles were strained; to the legs, causing a feeling of weariness and soreness; to the soles of the feet, causing a velvety feeling or a sensation as if one were walking on pins; and to internal organs. These congestions are specifically acted upon by Aconite. Individuals of a paralytic constitution are very frequently troubled with them.

This passive congestion of the stomach, which is the peculiar form with which we have to deal here, manifests itself by a variety of sensations, such as:

A feeling of *roughness* in the stomach. This very unusual sensation is generally attended with symptoms of bilious derangement, sallow or even jaundiced complexion, coated tongue, foul taste, loss of appetite, weariness. Mix one or two drops of the German tinc ture or a drop of the first attenuation of the tincture of the root in twelve tablespoonsful of water, and give the patient a tablespoonful every two or three hours. This feeling of roughness may be accompanied by a feeling of fullness and oppression, and likewise by a sensation as if the stomach were generating a quantity of wind; hence for

Wind or Flatulence on the stomach, Aconite may have to be given as before. Sometimes the wind is rolled off unceasingly; the least pressure on the region of the stomach will bring up quantities of wind.

This flatulent congestion of the stomach may be distinguished by paroxysms as if the stomach were swelling up and sinking again; this sensation may be accompanied by shortness of breath, dizziness, as may be inferred from this symptom recorded by the provers of Aconite: "Painful feeling of swelling in the pit of the stomach, accompanied with want of appetite and paroxysms of shortness of breath."

Another important symptom among the Aconite-provings is the following: "Sensation as of a cold stone lying in the stomach." This sensation may characterize a peculiar condition of

Weakness of the stomach, and it may likewise be the precursor of vomiting of blood.

Another symptom is: Contraction of the stomach as by astringents; and

Feeling of weight in the stomach, with constriction in the throat and nausea. Hence we use Aconite in

Cardialgia, when the stomach feels spasmodically contracted, with hard pressure as from a stone, excessive hard aching pain, soreness; relief is had by belching up a quantity of wind; nausea and even retching and vomiting of mucus and bile may be present. Use the German tincture or the first attenuation of the root.

In some forms of *Dyspepsia*, the sensations of weight, fullness, flatulent distension, raising of wind, or the sensation as if the stomach were swelling up, constitute characteristic features. These symptoms are more particularly experienced after eating or drinking.

7. *Pains in the Bowels.*

Aconite is specifically adapted to the treatment of certain forms of *Bilious Colic*. In this form of colic the bowels feel as if twisted up in a knot; they feel extremely sore, the patient complains of a burning, tearing distress in the bowels, with nausea, vomiting of bile, dizziness, coldness of the extremities, chilliness, quick and small pulse, succeeded by heat and dryness of the skin, dark flushes on the cheeks, full and bounding pulse, meteorism, constipation, dark, foul and turbid urine. All these symptoms characterize the action of toxicological or medicinal doses of Aconite. This agent is likewise adapted to

Spasmodic or *Inflammatory Colic*, with drawing pains in the bowels, or pinching, griping and tearing pains; or also cutting and burning pains, soreness of the integuments, hot flatulence, rumbling and fermentation in the bowels. The alvine evacuations are more or less interfered with, dysenteric urging or constipation and distention of the bowels. The first attenuation of the tincture of the root may be resorted to.

A peculiar form of this colic is a colic which might be termed.

Umbilical Colic, consisting in a most painful sensation as if the navel were drawn in. This kind of colic is very pointedly hinted at in the following symptoms: "Retraction of the umbilicus, especially early in the morning before breakfast." An affection of this kind is not common, but it does occur occasionally.

8. *Alvine Evacuations.*

We have seen on page 130, that Aconite causes and is therefore in curative rapport with bilious diarrhœa and dysentery, even when the discharges consist of black and fetid stools, for Aconite causes "black, fetid stools." This agent is also useful in

Common Catarrhal Diarrhœa, when the stools have a watery consistence; the discharges may either be painless or accompanied with more or less pinching or griping pain. In this sort of diarrhœa

the bowels may feel weak, as they do after taking a cathartic. If the first attenuation is not sufficient, a drop of the tincture in a tumblerful of water may be given.

In *Rheumatic Diarrhœa*, with frequent scanty and loose stools and a good deal of straining or urging, Aconite may prove indispensable. It is likewise adapted to

Nervous Diarrhœa or *Cholerine*, with nausea and sweet, either before or after the evacuation. This kind of diarrhœa may even occur after an emotion, fright, chagrin.

Aconite causes white stools, with red urine; hence in

Diarrhœa with deficiency of the bilious pigment, such as may occur when indurations of the liver are present, or during chronic jaundice, Aconite may prove indispensable.

Aconite causes diarrhœa with enuresis and colic; hence in

Diarrhœa caused by worms, or in

Diarrhœa such as may trouble hysteric females, Aconite may be depended upon as one of our most reliable agents.

We should not forget Aconite in

Cholera infantum or the common *Summer-complaint* of children. The character of the discharges, the accompanying pains, the fever, all these symptoms point to Aconite as one of the few agents which prove specifically curative in this disease. In this connection let us not forget the

Diarrhœa which may occur during or in consequence of *dentition*, where Aconite may likewise prove indispensable, if the children strain a good deal, the anus becomes excoriated, and the little patients feel feverish, with flushed cheeks, heat about the head.

In *Diarrhœa from indigestion*, when the discharges correspond with the character of the Aconite discharges, Aconite may be an indispensable remedy. The discharges may be watery; or they may consist of an admixture of mucous and fæcal matter, having an offensive smell, of a yellow or even dark, blackish color.

In *Chronic Diarrhœa*, Aconite is a most useful agent, more particularly if the diarrhœa is symptomatic of chronic gastro-enteritis. The patient experiences frequent urging, passes mucus, fæcal matter, and occasionally a little blood; the bowels may feel sore, the patient complains of a feeling of warmth in the bowels, with drawing, tearing and cutting pains; these symptoms may be present in parts or all together in different degress of intensity.

We need not repeat the indications for Aconite in Cholera-morbus and the first stage of Asiatic Cholera. For these indication we refer the reader to pages 130 and 131.

Aconite has caused vomiting of lumbrici. This symptom, together with other symptoms characteristic of worms, indicate Aconite as a remedy in

Worm-affections, more particularly when the following symptoms prevail: Feverishness, flow of water from the mouth, nausea, sensation as of something crawling up the œsophagus; ravenous hunger, itching at the nose and anus; burning and smarting sensation at the anus; frequent desire to urinate, nocturnal enuresis; tympanitic

distention of the bowels; alternate constipation and diarrhœa; involuntary passage of fæces. Given from the first to the sixth potency.

Aconite causes "momentary paralysis of the anus, and stinging and pressure in the anus." These symptoms may lead to

Prolapsus of the Anus, which may be very successfully treated with Aconite.

This condition may occur during an attack of dysentery, especially in the case of children, in consequence of the violent straining which may induce a sudden and violent eversion of the anus. Under these circumstances the anus may be seen forced out, and engorged with blood, looking like a sacculated pouch of bloody membrane and muscular fibre. Mix a drop of the tincture of the root in ten tablespoonfuls of water, of which a small tablespoonful may be given every hour until the prolapsus ceases,

Aconite causes "painful contractions around the anus." This symptom leads us to use this agent in

Stricture of the Anus, where Aconite may perhaps compete with Nux, Mercurius corrosivis, and other drugs.

Aconite causes the following symptoms pointing to its use in

Hæmorrhoids or Piles: "burning or sensation of heat in the hæmorrhoidal vessels;" "sensation as of a warm liquid being discharged from the anus;" flow of white mucus from the anus, with itching; "flowing piles."

For this burning sensation in the hæmorrhoidal vessels, homœopathic physicians generally prescribe Arsenic or Carbo vegetabilis. In this they follow a blind routine. Charcoal has nothing whatsoever to do with it. We have known the first attenuation of the tincture of the root of Aconite to relieve this burning distress, when the patient was almost made frantic by the horrid and most agonizing suffering.

A discharge of blood from the hæmorrhoidal vessels, when attended with weakness, or even fainting, in consequence of the pain and loss of blood, is arrested by Aconite more frequently than by any other agent. Give from the first to the sixth potency.

Our provings show that even the so called

White Piles, or a continual discharge of white mucus from the anus, may be removed by means of Aconite.

Aconite may be indispensable to counteract the consequences of a

Sudden Suppression of Piles, such as headache, backache, palpitation of the heart, violent colic, dyspnœa. In this connection we may likewise allude to Aconite as the most appropriate remedy for the consequences of

Suppression of Diarrhœa, which may take place either in consequence of a sudden violent emotion, a fright, for instance, or as the effect of an opiate, an astringent, such as Opium, Lead, etc. This suppression may be characterized by dangerous congestions about the brain, heart, lungs, which Aconite will remove.

Aconite will also heal

Soreness and *Excoriations* around the anus, with stinging, smarting and burning pains, exudation of serum, even when of a sanguineous character. The bowels are generally constipated, and the parts around the anus may even be studded with little boils, or inflamed tumors.

Few homœopathic practitioners are aware that Aconite is a remedy for

Constipation; yet among the symptoms of Aconite we have "hard stool passed with hard pressing;" and as one of the curative effects of Aconite we have this record in Jahr's *Symptomen-Codex:* retention of stool in acute affections.

In a case of acute catarrhal or rheumatic fever, either diarrhœa or constipation may be present. This may depend upon peculiar constitutional tendencies, or upon the peculiar manner in which the functions of the liver are involved. Aconite may be indicated by either condition. Do not imitate the idle manœuvre of many physicians who, under these circumstances, consider themselves bound to associate with Aconite the purely symptomatic use of Pulsatilla, Bryonia, Nux or some other medicine supposed to be adapted to the diarrhœa or constipation existing in the case. If constipation is present during an inflammatory fever to which Aconite is homœopathic, this agent will sufficiently restore the irritability of the intestinal fibre to induce regular contractions and consequent evacuations.

A single dose of Aconite, first to sixth potency, is sometimes sufficient to induce a discharge from the bowels, after rhubarb, jalap, calomel had failed. We once were called to such a case, where a woman who had a common rheumatic fever, had taken a whole lot of cathartics and drastics for the purpose of procuring stool. These drugs had remained inoperative. We found the bowels enormously distended and utterly torpid; not the remotest disposition to have a discharge. A single dose of Aconite excited the peristaltic motion and procured complete relief, besides inducing copious perspiration and effecting a perfect cure of the fever.

Under the allœopathic treatment of acute rheumatic fevers, the bowels are very apt to remain torpid. We once cured a constipation of this kind, where the patient, a lady of 75 years, had not had a passage from the bowels for twenty-one days. A single drop of Aconite, 18th potency, was sufficient to move them; she discharged a hard, dry substance which looked like burnt peat. The bowels remained regular after this one evacuation. The character of such a black-looking discharge corresponds with the following Aconite-symptom: "Discharge of black, fetid fæcal matter, which may be either soft, diarrhœic, or hard and burnt like coal."

In some forms of spinal irritation, when that portion of the column which supplies nerves to the liver, is the seat of the trouble, the bowels are very torpid, and what passes the bowels looks dark and burnt like coal. Aconite is the proper remedy for this sort of torpor.

Aconite may likewise be necessary every now and then, when the constipation depends upon a form of liver-complaint to which Aconite

is homœopathic; the stools have a dark-brown, dry appearance, and are pressed out with great difficulty.

Aconite may likewise be useful in some cases of constipation induced by abuse of cathartics; it may help to restore the weakened contractile energies of the intestinal fibre.

LECTURE XIII.

URINARY GROUP.

We have shown in former paragraphs the homœopathicity of Aconite to Cystitis and Urethritis. Among the provings of Aconite we read the following symptoms which unequivocally point to such affections:

Retention of urine, with pressure in the bladder, or stitches in the region of the kidneys;

Burning and tenesmus of the neck of the bladder, between the acts of micturition;

Single shooting stitches in the urethra, when walking;

Burning in the urethra from one orifice to the other, during micturition;

Brown, burning urine, with brick-colored sediment.

Cystitis may occur in consequence of rheumatic exposure, or of an injury to the bladder; urethritis may take place from the same causes.

In *Dysuria* or even *Ischuria*, Aconite may prove a sovereign remedy. A cold on the bladder may induce this affection; there is a constant and most painful urging to urinate, with discharge of a drop of urine every now and then, or an utter inability to urinate. Besides the above-mentioned symptoms, the following symptom likewise indicates Aconite in this affection: "Difficult and scanty emission of urine, with frequent urging, and sometimes accompanied with pinching around the umbilicus."

Aconite causes: "Momentary *paralysis of the bladder*, with involuntary emission of urine." This symptom speaks for itself. A paralytic condition of this kind may occur among old people, or as the effect of a cold, or as a symptom of constitutional weakness. Aconite is a capital remedy in this affection; even in chronic cases it may be used every now and then as an intercurrent remedy. If paralysis of the bladder should develop itself as the sequela of an operation, Aconite is the very best remedy to restore the contractility of the sphincter.

Aconite causes: "Enuresis, sometimes accompanied with profuse sweat, or with diarrhœa and colic; or likewise with distortion of the eyes and contraction of the feet."

This symptom justifies the use of Aconite in

Enuresis, when worm-symptoms are present; or when the weakness was induced by a cold, a fright. Also in the

Nocturnal Enuresis of children, Aconite may do us great service.

This symptom has likewise induced us to use Aconite with good effect in acute

Albuminuria, during the first stage of the disease when the deposit consists chiefly of glucose or grape-sugar, and the urine looks watery. Aconite diminishes the quantity of urine and shows a decided tendency to check the waste of sugar.

Aconite produces symptoms which point to this agent as a remedy in

Irritable Bladder, especially of hysteric females; it causes: "Painful, anxious urging to urinate, which is sometimes excited by merely touching the abdomen, and at times results in the frequent discharge of a watery urine.

Shaking sensation in the region of the bladder, during urination.

The bladder feels painful, when walking.

All these symptoms exist with more or less intensity in the case of females who are troubled with hysteria.

Aconite may likewise be used in a case of

Renal Calculus, for the purpose of relieving the spasm excited by the passage of the calculus through the ureter or urethra.

Let us not overlook the eminent use of Aconite in

Acute Gonorrhœa, with burning pains which cause the patient to faint, inability to urinate, discharge of blood from the urethra; Aconite, given in one or two drops of the tincture in a tumblerful of water, will afford great relief. It is more particularly indicated, if the sudden arrest of the discharge in consequence of exposure to catarrhal or rheumatic causes, should lead to agonizing distress, hæmorrhage from the urethra.

Dr. Helmuth, of St. Louis, has mentioned a case of gonorrhœal urethritis where the discharge being suddenly arrested, a most agonizing burning pain was experienced by the patient. This pain was attended with hæmorrhage from the urethra. After trying Cantharides and other medicines without any result, the tincture of Aconite-root was given in drop-doses, a few doses being sufficient not only to quiet the pain and arrest the hæmorrhage, but to remove the whole trouble.

In the January number of the Liverpool Medico-Chirurgical Review, 1858, the following interesting cases of *Stricture* are reported, evincing the sedative properties of Aconite in spasm and inflammation in a most satisfactory manner:

"I had recently under my care, at the Infirmary," says Mr. Long, "at the same time, three cases of irritable and almost impermeable stricture of the urethra; in all of which it was impossible to make any progress by dilatation, in consequence of the severe rigors which ensued after each attempt to pass the catheter. Finding that the ordinary appliances did not prevent the occurrence of the rigors, and that the introduction of the instrument could not be

attempted oftener than three or four times in a fortnight, in consequence of the severe local and constitutional irritation which followed its use, I adopted the following plan: I gave two minims of Fleming's tincture of Aconite, in an ounce of water, immediately after the introduction of the instrument. The result was as follows: In one case the tincture was given without any omission, after every introduction of the instrument; no rigors occurred, and the treatment progressed without any interruption to a favorable termination. In the second, the same result occurred. On one occasion, the tincture was omitted as an experiment, and a rigor occurred, followed by its usual consequences. The tincture was resumed, and no rigor again occurred, though the instrument was allowed to remain in the stricture for half an hour or longer. This case did well, but the man left the Infirmary before the dilatation was fully completed.

In the third case, which was the most severe, no rigor occurred whilst the tincture was given, and the case was progressing favorably. The Aconite was, as in the second case, omitted, for the sake of experiment, and two introductions of the instrument were effected without the occurrence of rigor. On the third occasion, however, so severe a rigor, and such untoward local and constitutional symptoms were experienced, that up to the present moment no further use of the instrument could be attempted. I conclude that in the above cases, the tincture of Aconite, by its direct sedative power, exerted a powerful influence in preventing the occurrence of rigors, and that in similar cases it may become a valuable addition to the means usually employed."

The sedative power of Aconite here alluded to, depends upon its spasm and inflammation-exciting properties. We know that large doses of Aconite will excite spasms and inflammation in the healthy, and we therefore infer—and experience justifies this inference—that these symptoms when occurring as signs of a natural malady, will disappear under the use of the same agent.

In a case of *Urethritis* which I treated some time ago, I had striking evidence of the necessity of conducting the medical treatment of a case in accordance with the dictates of a sound pathology, and not by the delusive light of purely symptomatic indications. The patient, a man of about fifty, had been exposed to a violent draught of air, the consequence of which was an acute inflammation of the mucous lining of the uretha. A profuse discharge of purulent mucus soon set in, which was considered as an indication for Cannabis, and other medicines among the symptoms of which "discharge of pus or mucus from the urethra" may be found. Of course, such treatment was utterly unavailing, and after having been trifled with for weeks, his recovery did not take place until, by my advice, he put himself on the use of Aconite. This was the remedy in the case. The purulent discharge was the inevitable consequence of the vascular engorgements in the urethra, which furnished an exorbitant supply to the secretory action of the lining membrane. And, reasoning a little further, we readily perceive that the secreted mucus must be thick and purulent, just as water which is deprived of motion, will become foul, muddy and offensive.

SEXUAL GROUP.

In many derangements to which the sexual organs are subject, Aconite is an eminently useful and indeed indispensable agent. Many of these derangements have already been pointed out; we will now complete the list, and endeavor to establish the homœopathicity of Aconite to these affections by referring them to the physiological effects which this drug has developed by provings.

Aconite causes a few symptoms denoting inflammatory irritation, such as:

Itching of the prepuce; stinging and pinching in the glans when urinating. These symptoms may occur in

Balanitis, especially when arising from a cold.

Aconite causes a pain in the scrotum as if contused. This symptom may point to the use of this agent in *Orchitis*, or inflammatory conditions of the scrotum, such as may develop themselves in consequence of retrocession of gonorrhœa, contusions, rheumatic inflammation.

Aconite affects the sexual instinct as well as the sexual power. It causes amorous paroxysms, or else a diminution of the sexual desire, or an increase of the sexual desire, alternating with sudden relaxation of the penis. It also causes a drawing up of the scrotum, and frequent involuntary nocturnal emissions.

Here we have a series of effects showing that Aconite affects the nervous life of the sexual organs as it is affected by

Self abuse or excessive sexual intercourse. Young men who are addicted to this vice, often complain of a weakness of the sexual organs characterized by spasmodic but speedily-exhausted erections, ending in sudden relaxation of the penis and sometimes attended with spasmodic retraction of the scrotum.

Involuntary Emissions arising from such a cause, are advantageously treated with Aconite. There is a constant tendency to vascular engorgements of the sexual organs which result in these extremely weakening losses.

A remarkable symptom of Aconite is the following; violent itching of the scrotum obliging one to scratch the part until it bleeds. We have frequently met with this,

Itching of the Scrotum, in the case of nervous and bilious persons of a cachectic, scrofulous constitution; it is attended with a burning distress about the scrotum, and is almost maddening. Aconite may afford relief in some cases.

It is especially in the case of females that Aconite affects the sexual life with a peculiar intensity and varied power. It causes a profuse discharge of the menstrual fluid amounting even to hæmorrhage; hence we find Aconite specifically adapted to

Metrorrhagia, when the blood is bright-red, and a certain order of constitutional symptoms is present, such as: dizziness, rush of blood

to the head, palpitation of the heart, feeble and nervous pulse, with coldness of the extremities, sickness at the stomach, bearing-down pain or weight in the uterine region. Even in simple

Excessive Menstruation, when similar symptoms are present, more particularly in the case of nervous, sensitive, plethoric females, Aconite will be found eminently useful. From the first to the sixth potency may be sufficient.

Amenorrhœa or menstrual suppression in consequence of exposure to wet, or similar rheumatic causes, may yield to Aconite. The patients may feel weary and heavy, the bowels may feel sore and disturbed, and troublesome symptoms of congestion about the head, lungs, heart, liver, or small of the back, may show themselves.

We have explained, on previous occasions, how it is that the same medicine may be in homœopathic rapport with two apparently antagonistic conditions. Large doses of Aconite may induce uterine hæmorrhage, small doses would bring about menstrual suppression, although moderate doses of Aconite repeated for a sufficient length of time, may develop a congested and relaxed condition of the uterine vessels which must inevitably lead to abnormal discharges of blood.

Aconite not only causes profuse menstruation, but the flow may be accompanied with spasmodic pains in the bowels; violent dragging pains in the uterine region, nausea, headache, paleness of the face; hence in

Dysmenorrhœa where these symptoms are present, Aconite proves a very useful agent. We have often relieved in a very short space of time the most intense distress, more particularly when given in alternation with Cocculus, where Cocculus alone seemed insufficient.

Aconite causes a copious, tenacious, yellowish

Leucorrhœa, which may sometimes exist in the place of, or after the termination of a menstrual discharge, more particularly in the case of plethoric individuals. A few drops of the German tincture or of the first three attenuations of the root are appropriate doses in these affections.

Aconite causes "frenzy on the appearance of the catamenia." May we not avail ourselves of this symptom as an indication for Aconite in

Puerperal Mania and *Convulsions?* It is more especially, if symptoms had occurred during pregnancy to which Aconite is homœopathic, that this agent will prove useful in those dreadful disorders. Among these symptoms we distinguish: apprehensions of death; frequent congestions about the head; fitful mood, alternate depression of spirits and extreme mirthfulness. An attack of this kind may likewise set in in consequence of a sudden fright, with suppression of the lochial discharge or milky secretion.

Aconite causes: "Increase of milk in the mammæ." This symptom indicates the use of Aconite in

Galactorrhœa, in the case of plethoric females, with highly sensi-

tive constitutions and nervous temperaments. Per contra, we may use Aconite for the purpose of stimulating the secretion of milk in

Agalactia, or deficient secretion of milk, especially in the case of anæmic girls who are habitually cold, or in the case of nervous, delicate females whose lochial discharges are excessive. It will likewise promote the flow of milk in the case of plethoric females whose breasts are turgid with milk, but where the irritability of the galactiferous vessels seems inadequate to the business of excreting the fluid.

CATARRHAL GROUP.

In this range Aconite proves a most important agent. Its action upon the Schneiderian membrane is characterized by the following symptoms:

Violent sneezing, with pain in the abdomen, or in the region of the left ribs;

Coryza, headache, humming in the ears and colic;

Complete dryness of the nose;

Discharge of a clear liquid from the nose.

Aconite also causes: a stupefying pressure over the root of the nose, and bleeding from the nose.

Here we have a group of exceedingly characteristic symptoms which point to an irritation of the Schneiderian membrane such as may occur in a common

Cold in the Head, Catarrh, Influenza, especially if this pressure over the root of the nose is present, or a weight in the frontal region, indicating engorgement of the frontal sinuses which is sometimes relieved by nose-bleed. It is strange that homœopathic physicians are so generally inclined to overlook the homœopathicity of Aconite to catarrhal irritation of the Schneiderian membrane. What is the use of our provings, if, instead of being guided by this kind of experience in the application of our drugs, we keep following the dark and brutalizing banner of empirical routine? If, in the first stage of a cold in the head, there is violent sneezing, discharge of water from the nose and eyes, frontal headache, or simply a dullness and tightness in the frontal region, with coldness or chilliness of the body, Aconite will prove one of our most reliable remedies if given in the lower potencies.

A catarrhal affection of this kind may come to us after it has been neglected either by a complete absence of treatment or by treatment of a wrong kind. A thick, purulent mucus is discharged from the nose; the nose may feel painful even up the cribriform plate; the suppurative process and consequent soreness may even extend throughout the whole tract of the frontal sinuses, causing a great deal of distress, stupefying dullness and heaviness in the forehead, inability to think clearly and coherently, and even constitutional disturbances of a more or less marked character. Again and again have we seen such difficulties yield to the steady use of the tincture of Aconite in tablespoonful doses of a solution of one drop in a

tumblerful of water. Many a chronic catarrh is entailed upon a patient which might have been prevented by the use of Aconite. It is generally in catarrhal irritations of the Schneiderian membranes where Aconite is indicated and not used, that a chronic catarrh is the consequence of this most reprehensible neglect. In

Chronic Catarrh, where the nose seemed stopped up, and where the patient is frequently troubled with discharges of pus and blood, or even thick mucus from the nose, having an offensive smell, and culminating every now and then in acute paroxysms, with tight feeling in the frontal region, aching pains in the forehead, sense of swelling in the nose, sneezing and other symptoms of an acute catarrh, Aconite is an indispensable agent both for the purpose of controlling the paroxysm, and as a neutralizer of the chronic taint. In this business the Aconite may have to be associated with the Bichromate of Potash, Sulphur, and other antipsorics. Aconite is homœopathic, as our provings show us, to

Dry Catarrh, an affection which may befal both full-grown persons and children, and is sometimes very anoying, especially to infants at the breast and to larger children. The nose seems stopped up, a difficulty which is more particularly apparent when children are asleep; they have to breathe with their mouths wide open. The following symptom among the provings points to this condition: "The breathing through the nose is interrupted especially when asleep."

We have often relieved paroxysms of this kind with a few doses of Aconite internally and a weak solution rubbed at the same time upon the nose.

The violent sneezing which Aconite causes, points to the use of this agent in the

Spasmodic Sneezing to which some individuals are subject. The spasmodic irritation of the Schneiderian membrane is sometimes so violent that the patient seeks relief by artificial means. The antispasmodic virtues of Aconite point to this agent as one of the means of quieting the spasm, especially if the sneezing is attended with a sensation as though the head should fly to pieces, or if it jars the abdomen causing painfulness of the abdominal integuments and internal tissues.

The peculiar action of Aconite upon the windpipe and bronchial passages is characteristic of catarrhal irritation of various forms and degrees of intensity. Aconite causes, among other symptoms, the following series of more or less important therapeutic indications:

Attacks of catarrh and coryza, sometimes accompanied with headache, colic, humming in the ears and coryza.

Hoarseness early in the morning.

Croaking voice.

Sensitiveness of the larynx to the inspired air, as if the mucous membrane were deprived of its epithelium.

Feeble sound of the voice.

Sensation as if the sides of the larynx were pressed together.

Pressure and burning pains along the trachea, down to the pit of the stomach.

Roughness extending along the trachea, and inducing frequent coughing fits.

Sensation as if the trachea had gone to sleep.

The first symptom of this series indicates Aconite in

Common Influenza, where a sense of chilliness, soreness of the flesh, weariness, etc., are likewise present. The first six potencies may be used.

The next symptom: Hoarseness and croaking voice, or feeble sound of the voice, shows that Aconite may enable us to restore the use of the voice, if it should have become weakened or lost in consequence of some cause or other, exposure to rheumatic influences, excessive exertions while talking or singing, or a mechanical injury of the larynx, a fall, for instance, upon this organ.

Catarrhal Hoarseness may yield quite readily to Aconite, if the patient complains of much dryness in the throat, or a feeling of roughness, warmth, fullness or a choky sensation. This kind of hoarseness, provided Aconite is in homœopathic rapport with it, is never without some alteration of the pulse and temperature of the skin; the pulse is somewhat accelerated, rising perhaps from 75 to 85 beats; and a certain degree of feverishness is necessarily present, some chilliness or a sense of coldness at first, followed by a feeling of warmth and some moisture.

Hoarseness may arise from a mechanical injury of the larynx, more particularly from a blow or fall upon this organ. An injury of this kind may lead to complete

Aphonia or loss of voice which may terminate in laryngeal phthisis. No medicine seems to be possessed of as much power as Aconite, to remove the consequences of such an accident. It neutralizes the effects of such a violent shock upon the nervous system, and disperses the capillary engorgement which will necessarily set in in the injured part, leading to suppuration, ulceration and fatal phthisis. The lower potencies and even the tincture may be used.

There is a species of hoarseness which comes on more particularly towards evening, a sort of

Chronic evening-hoarseness, most generally the result of a neglected or mismanaged catarrh, and very frequently accompanied by a feeling of weakness in the bronchial passages, a sense of oppression or even some aching pain or soreness in the chest. For this form of chronic hoarseness the lower potencies of Aconite may prove eminently useful.

Hoarseness may be the beginning of

Chronic Bronchitis. The patient complains of soreness in the larynx and trachea, raises a sweetish mucus; he experiences some heat in the parts, an aching pain and even a little soreness when making pressure externally. Even a little blood may be hawked up. Here Aconite will often succeed, if a cure is at all possible, in arresting

the development of the bronchitis, and finally restoring the patient's health. In an affection of this kind, where the pathological character of the disease remains the same, notwithstanding apparent symptomatic changes, it would be absurd to adopt the plan which is so frequently pursued by superficial symptomists, namely, to change the remedy with every change in the apparent symptoms. The leading remedy which will quicken the sinking innervation, and restore the physiological harmony of the suffering tissues, is Aconite, which may be associated with one or two appropriate antipsorics, without going the round of the Materia Medica.

There are other symptoms in the above mentioned series which point to chronic bronchitis. One is the sensation as if the trachea had gone to sleep. We have met with this symptom in the incipient stage of this disease.

Other symptoms are the pressure and burning pains along the trachea, down to the pit of the stomach, and likewise the sensation of roughness down the trachea, inducing frequent coughing.

The "sensitiveness of the larynx to the inspired air, as if the mucous membrane were deprived of its epithelium," is a distinct indication for Aconite in deep-seated inflammatory affections of the larynx, which, if of a chronic character, are likely to terminate in disorganization of the lining membrane, more particularly in

Laryngeal Phthisis; or we diagnose from this symptom

Laryngitis, either acute or chronic, which may prove a curable malady. If I recommend Aconite is this affection, you at once perceive that my recommendation is based upon the results of positive experimentation. Nor will it be necessary to resort to the tincture; the first six potencies will be found amply sufficient to effect curative results. In

Croup, Aconite is likewise indicated by this symptom. If used in time, it may prevent the formation of a false membrane. The symptoms which characterize the inflammatory stage of croup, inflammatory fever, hoarseness, shrill and cracking sound of the voice, redness of the fauces and velum extending down the throat as far as we can see, with signs of incipient exudation on the inflamed parts, correspond with the physiological action of Aconite upon the throat and larynx.

Among the symptoms of Aconite there is one which deserves particular mention; it is this: "Paralytic weakness of the epiglottis, causing the ready passage of food and drink into the larynx during deglutition, which induces a suffocative sensation, with cough."

This weakness may occur as an actual morbid condition, and is generally represented pathologically by congestion and consequent tumefaction of the epiglottis. A change of this kind may likewise constitute a prominent feature in

Laryngismus stridulus or *Asthma Millari,* in which affection Aconite is eminently specific; the affection is characterized by violent paroxysms of suffocative breathing which often rouse the child from its slumber with a shrill cry; the pulse becomes small and hurried,

the face looks congested, purplish, the lips are blue, swollen, the eyes express agonizing distress. Give Aconite, first potency.

The action of Aconite upon the air-passages is characterized by *Cough* which has a catarrhal or rheumatic character. According to our recorded provings, Aconite causes a

Dry and hard cough;

Violent, dry cough, with spasmodic constriction of the anus;

Short and dry cough arising from a titillation in the larynx; the cough is particularly excited by smoking, or after drinking, or at night;

Cough which is worse at night, when the paroxysms set in every half hour;

Cough, with a fluid, frothy expectoration;

When coughing, the chest feels sore, and the larynx raw.

These different forms of cough occur more particularly in consequence of a cold on the chest. Cough to which Aconite is homœopathic, has a more or less spasmodic character. It is a fatiguing, wearing cough, as if the chest should be torn to pieces or as if the brain should be shattered by the concussion. The cough may seem to proceed from a sore spot in the air-passages, or even from the larynx, the bifurcation of the trachea. This kind of cough may occur in a chronic form, when a dose of Aconite may still be indispensable every now and then. Pulmonary engorgements are always present in cough which requires Aconite for its remedial agent; a certain order of pains corresponds with these engorgements, such as aching, sore, shooting, sticking pains. Several of these Aconite symptoms point very clearly at

Pleuro-pneumonia or *Pleurisy;* they are "stitches of various degrees of intensity, in the chest and sides of the chest, especially during an inspiration and when coughing, frequently accompanied with a plaintive and whining mood, with anguish and ill-humor, or with oppression of breathing." Another symptom reads:

"*Lancinations* in the region of the heart, apparently in the pleura costalis, hindering respiration and the erect posture, with sensitiveness to pressure in this portion of the thorax.

The congestion which Aconite excites in the lungs, is marked by a series of peculiar pains and abnormal sensations generally. We have

Aching, oppressive and constrictive pain in the chest or side of the chest;

Pain in the chest as if the sides of the chest were drawn towards each other;

Feeling of weight in the chest as if it were compressed on all sides;

Sobbing inspirations owing to a retarded circulation of the blood, and a distinctly-felt congestion of blood in the lungs;

Weight and a feeling of fulness in the chest, with sensation as if the lungs would not expand sufficiently, which frequently obliges one to draw a long breath;

Oppression of the chest, increased by a deep inspiration;

Aching pain in the upper and left region of the chest; the place is painful when touched;

Feeling of weight behind the sternum, preventing deep inspiration;

Painful pressure from the sternum to the vertebral column;

Weight in the chest, accompanied by a number of fine, but violent stitches in the left breast, from without inwards;

Violent darting stitches in the chest;

Soreness behind the sternum as if the parts were bruised;

Feeling of heat in the lungs;

Burning sensation in the lungs as if some hot fluid would rise into the mouth.

These very characteristic effects of Aconite upon the respiratory apparatus occur more or less in disease of the lungs and bronchial tubes which are characterized by acute or chronic congestion. When these symptoms occur, cough is generally present. This cough is very frequently of a tearing character, spasmodic and paroxysmal. It is peculiar to affections with which Aconite is in therapeutic rapport, to be exacerbated in the evening and forepart of the night. This characteristic peculiarity likewise occurs among the provings of Aconite, where we find the following record. "In the evening, all the chest-symptoms are aggravated." The expectoration which accompanies the cough, is of various kinds, frothy, fluid like water, albuminous, purulent and even bloody as we shall see by and by.

Some of the symptoms which the provings of Aconite have yielded, show its relation to a state of passive congestion or *Anæmia* of the lungs; among these symptoms we distinguish for instance the following:

"Creeping and crawling in the chest as of beetles; sobbing inspirations; feeling of fullness and weight in the chest; the chest feels weary and exhausted."

This creeping and crawling sensation in the lungs we have often known to occur in the case of individuals whose lungs feel exhausted, emptied out as it were; in the case of females for instance whose chests have become worn out by excessive nursing. Aconite, third or sixth potency, will re-excite the process of innervation, and this stimulating effect of the drug is generally marked by a creeping or crawling sensation through the lungs. Most homœopathic physicians who are simply guided in the use of drugs by the reminiscences of the past, consider Aconite homœopathic only to states of hyperæmia, such as occur in acute congestions or inflammations. It is only the new and progessive minds of our School who seem to be aware of the fact that Aconite is likewise homœopathic to the opposite states of *anæmia*, more particularly when induced by such draining processes as bleeding, nursing, or even when merely symptomatic of a chlorotic diathesis, or of tuberculosis resulting from a chlorotic condition of the system. If losses of the vital fluids are the cause of anæmia, Aconite should be administered in small doses, hardly ever below the sixth potency, lest the subsequent reaction should be too violent. If a chlorotic or tubercular diathesis is the constitutional cause or rather the determining condition of anæmia, Aconite

may very frequently be given in much larger doses; even the tincture of the root may be admissible in some cases. In making this assertion, we of course speak from our own experience, which we are prepared to substantiate by a number of facts.

Among these chest-symptoms of Aconite, there is one which deserves particular mention; it is this: "Mucous rattling which can be heard at a distance."

I desire to invite your attention to this symptom. Your may hear this rattling, as if the air-passages were full of loose mucus, in

Catarrhus senilis, or the bronchial catarrh of old people which is so apt to terminate in paralysis. We also hear it in the catarrh of children who seem to be choked by this rattling mucus without being able to hawk it up. We are here reminded by our provings that, if this symptom should occur in catarrh which has assumed a predominant nervous form, Aconite is one of the medicines which is in hoœopathic rapport with the disease.

We have to single out another symptom which we have met with in

Mucous Phthisis; it is this: "when breathing, the air-passages feel distended, so that the air passes with extreme facility in and out." When occurring as a natural symptom, it seems to imply a thinness of the mucuous lining in consequence of the excessive waste, and must therefore be looked upon as an unfavorable indication. In the course of mucous phthisis, Aconite may be resorted to every now and then, but it should not be administered in too low a dose.

The symptom: "Rattling and vibratory trembling of the trachea," which we find recorded among the provings, has been known to occur in the course of

Tracheal Phthisis; it evidences greatly impaired innervation of the affected part, and therefore calls for the occasional exhibition of a dose of Aconite.

The spasm-exciting properties possessed by Aconite render it valuable in

Whooping-cough, especially during the first stage, when the cough is dry, spasmodic, attended with a good deal of wheezing, fever, burning pain in the larynx and trachea, vomiting after the paroxysm. Give third to twelfth potency.

For the *Spasmodic Cough* which sometimes remains after measles, with soreness in the chest, titillation in the larynx, expectoration of a frothy or a glassy mucus, Aconite is one of the remedies which may have to be given every now and then.

Aconite has caused cough, with expectoration of blood; hence in

Hæmoptysis, or bloody cough, we shall find Aconite not only useful but in many cases an indispensable specific. We have already alluded to this fact when speaking of hæmorrhage. This kind of cough may occur in consequence of various causes, a strain, a concussion of the chest, an habitual disposition to pulmonary plethora, a neglected catarrh, tuberculosis, suppression of the menstrual or

hæmorrhoidal discharge. In one case the patient was a pregnant female; there was no pain, but nightly anguish, constant moaning and lamenting, tendency to start, redness of the face, improvement in a recumbent posture.

A very common cause of hæmoptysis is pulmonary tuberculosis. In consequence of a cold, a tuberculous portion of lung may become irritated, the tubercles may become softened, and a cough may ensue attended with discharge of the softened tuberculous mass and a greater or less quantity of blood. This form of hæmoptysis is very often the beginning of consumption. The patient complains of a sore aching pain at a certain place in the chest, more particularly in the upper lobes, from which the paroxysms of cough emanate. The cough is of a spasmodic character, exhausting, generally worse at night. For an acute cough of this kind we can safely recommend Aconite as one of our most reliable therapeutic agents. In many of these cases the potencies may be sufficient, but hardly ever above the third. We have frequently found it necessary to use the tincture, one or two drops in twelve tablespoonfuls of water

Our distinguished countryman Benjamin Rush regarded blood-letting as the chief remedy for pulmonary phthisis. At the same time he stated it as his belief that, if there were a medicine in nature capable of superseding the use of the lancet, he should accept this medicine as a remedy for pulmonary phthisis. If Dr. Rush had been acquainted with the physiological action of Aconite, he would probably have recommended this agent as a substitute for blood-letting in phthisis pulmonalis. Although not a panacea, yet it is undoubtedly one of our most efficient and therefore most important remedies in this disease.

Judging by the physiological effects of Aconite upon the respiratory organs, we may recommend this drug for

Asthma of various degrees of intensity. We find it indicated in asthma with a spasmodic contractive sensation across the chest, and a feeling of oppressive anxiety. Also in

Asthmatic Complaints of sensitive plethoric young females who lead a sedentary life, or when the attack is brought on by the least excitement.

Asthmatic Complaints of full-grown people, especially when the attack is brought on by the spontaneous retrocession or violent suppression of an acute rash upon the neck or chest, or when it is accompanied by violent congestion of blood to the head, vertigo, a full and strong pulse, or even hæmoptysis.

We shall find Aconite eminently useful in

Angina Pectoris, for it causes "paroxysms of suffocation, with anxiety."

The action of Aconite upon the heart is very marked, pointing to the use of this agent in various important affections to which allusion has already been made in previous paragraphs, more particularly on page 140. Among the heart-symptoms of Aconite we may distinguish the following:

Compression of the chest in the region of the heart;
Slow shocks in the region of the heart, from within outward;
Palpitation of the heart, with great anguish.

In three pulsations the apex of the heart beat only once against the wall of the chest; the beats of the left ventricle are isochronous with the pulse; the right auricle appeared to be permanently convulsed; the movements of this auricle were quick, irregular, and not proportionate to the beats of the ventricles.

The beats of the heart are distinctly perceptible, taking place in rapid succession, the pulse being slow and intermittent and the patient having a momentary attack of debility.

Oppressive aching pains in the region of the heart.

Sensation in the region of the heart as if a heavy body were lying in its place; this sensation changes to an oppressive burning, accompanied with a flash of heat over the back.

Here we have a group of symptoms characteristic of

Congestion of the Heart, whether purely rheumatic or bilious; the congestion may affect the various parts, auricles, ventricles or coronary arteries. It may be more or less temporary or permanent, with hypertrophy of the auricles or ventricles resulting from rheumatic inflammation or valvular disease. For more extensive remarks bearing upon this subject, we refer the reader to the *Thoracic Group* of Arsenic.

Our provings show the great use of Aconite in

Palpitation of the Heart which may be a symptom of a purely nervous irritation of this organ. It may characterise a paroxysm of hysteria. Aconite, first to sixth potency, will quiet the heart.

Spasms of the Heart come within the curative range of Aconite. The provings show that Aconite convulses the heart. This spasm may be characterized by a sense of suffocation in the region of the heart, sensation as if the heart had ceased to beat, excessive anxiety as if death were impending, coldness of the extremities, collapse of pulse, deathly pallor of the face. I mix a drop of the strong tincture in ten tablespoonfuls of water, of which solution I give the patient a small teaspoonful every few minutes, until perfect relief is obtained.

These sudden congestions of blood about the heart are frequently attended with

Syncope or fainting, with collapse of pulse, paleness of the face, staring look. If this attack occurs as a symptom of *hysteria*, it may be sufficient to hold a viol of hartshorn, or the spirits of camphor under the patient's nose. If treatment should be required, a few doses of Aconite, first or second potency, at a few minutes interval, may be sufficient to stimulate the heart's action.

Among the chest-symptoms of Aconite, we notice this record: "Fetid breath."

Fetor of the breath is very often owing to a morbid condition of the pulmonary secretions. We have often known it to exist in individuals of a decidedly phthisicky habit, with a narrow chest and

wing-shaped shoulder-blades, in whom the pulmonary circulation is necessarily imperfect and the process of oxygenation deficient. Fetor of the breath may and frequently *does* arise from such a cause; no medicine is better calculated than Aconite to stimulate the stagnant capillary current in the lungs, and thus to remove the impurities which send forth the foul gaseous emanations.

FEVER-GROUP.

We have shown on previous pages that Aconite is in specific curative rapport with simple

Inflammatory fever, no matter by what cause it may be immediately excited. These causes may be exceedingly varied: a wound may occasion it; dentition, a fright, worms, an indigestion, exposure to a draught of air, wet feet, retrocession of the perspiration, may constitute so many exciting causes of fever.

Inflammatory fever may be symptomatic of other acute diseases, eruptions, local inflammations. In such cases Aconite is likewise to be administered; the middle or higher potencies up to the 30th will very frequently be found sufficient to effect a radical change in the pulse and even to scatter the local congestion or inflammation.

Aconite may not only be homœopathic to the pure synocha, when the pulse is hard, full, rapid and bounding; but likewise to a state of vascular erethism termed synochus, when the pulse is moderately excited, the temperature of the skin slightly raised, and even the cutaneous exhalation not entirely suppressed.

In some acute eruptions, a few doses of Aconite may be sufficient to control the fever and to remove the eruption at the same time. Acute nettlerash, measles, purple-rash, eczema and other eruptive disorders may come under this head.

It is not only in inflammatory fever, characterized by the full vigor of constitutional reaction, but likewise in

Adynamic fevers, with cold and clammy skin and depressed or even collapsed pulse that Aconite may be of essential benefit. Our provings indicate "small and feeble pulse," or likewise "gradual collapse of pulse," and "cold sweats, or night-sweats." A condition of this kind may occur as the result of previous inflammation, more particularly under allœopathic treatment, in consequence of frequent venesections. Or it may occur as the natural development of an acute fever for which no treatment had been instituted. Aconite may rekindle the depressed temperature of the body, raise the pulse and generally restore the condition of things which existed as to the general features during the period of the previous organic reaction. If the adynamic condition was caused by previous loss of blood, the middle or higher potencies may suit the patient best; if the natural result of neglect or inadequate treatment, the lower preparations and even the tincture may be required.

We have seen that Aconite may be required in various

Remittent fevers, with predominant derangement of the mucous, gastric or bilious functions. In other words, we recommend Aconite in

Gastric fever, with whitish, gray or yellowish coating upon the tongue, foul taste, hawking up of mucous, nausea, soft bowels, constipation or occasional diarrhœic discharges from the bowels, consisting of foul-smelling mucus and ill-digested food.

Bilious fever, with symptoms similar to those of gastric fever, except that the bilious symptoms predominate; the patient complains of a foul taste in the mouth, yellow or brown coating on the tongue, thirst, nausea and vomiting of bile, headache, stitches shooting through the head, tympanitic distension of the bowels, constipation or occasional discharge of bile from the bowels.

Mucous fever, where the pulse is rather full, bounding and hurried, the tongue looks inflamed along the edges and at the tip, and has a whitish or grayish coating upon it; the patient hawks up a great deal of foul mucus, especially early in the morning and after taking a nap. The inflammation may invade the whole of the mucous membrane, affecting even the bladder and sexual organs. Aconite may be one of the main remedies in this disease, where such medicines as Mercury, and even Belladonna and Arsenic, if typhoid symptoms should threaten, may likewise be required.

In simple rheumatic fever Aconite may pave the way for Bryonia or some similar drug.

We should not forget the use of Aconite in simple

Typhoid fever, when the irritation seems to affect chiefly the peripheral nerves; the tongue is thickly furred, taste in the mouth unpleasant, foul; the patient feels thirsty, complains of heavy, aching pain in the head, heavy or sore pains in other parts of the bowels, constipation, experiences evening-exacerbations of his symptoms; the urine looks dark, has a foul smell; the patient is very restless, feels depressed in spirits, is alternately wakeful and drowsy, troubled with heavy dreams, etc. This species of acute irritation of the spinal, cranial or ganglionic nerves is very appropriately treated with Aconite, from the first to the sixth potency.

We wish to direct your attention to the fact that Aconite causes a profuse secretion of moisture upon the skin, and that it may therefore be eminently adapted to feverish conditions where profuse perspiration is a leading symptom. In certain

Lentescent or *hectic* fevers, with profuse and weakening night-sweats, Aconite may prove an excellent remedy provided these fevers are not symptomatic of some incurable disorganization.

We have arrested the so-called

Sweating fever with Aconite. An interesting case of this disease occurred some time ago in our dispensary. A woman of fifty had taken cold, the consequence of which was that the subcutaneous adipose tissue seemed to melt away in unceasing perspiration, which gave the skin an appearance as if it were covered with liquid fat. The pulse was feeble and slightly irritated. Aconite was our main reliance in this case, and is in all similar cases, if the disease has a purely rheumatic origin.

The homœopathicity of Aconite to

Yellow fever, even in the stage of black vomit, has been shown before. In the violent bilious

Congestive fevers, with agonizing distress in the head, vomiting of bile, extreme heat and dryness of the skin, full, bounding and rapid pulse, paroxysmal exacerbations at certain hours of the day, Aconite may be one of the means of cure. In all these violent fevers the lower potencies are generally required.

We shall find Aconite sometimes indicated in

Scorbutic fevers, or acute scurvy. We know from cases of poisoning that Aconite may produce changes in the blood similar to those which exist in scurvy. In many cases of this disease the blood assumes a blackish appearance; according to the statement of Anson's surgeons, it may even look black as ink. The first effect of large doses of Aconite is to interfere with the oxygenation of the blood; in one fatal case, the patient's body exhibited a black hue. Moderate doses of Aconite produce an opposite effect by exciting the organic reaction; the process of arterialization is heightened; the blood assumes an inflammatory character, the quantity of fibrin is increased.

Both these conditions may prevail in scurvy, the former adynamic condition corresponding with the primary effects of poisonous doses of Aconite upon the blood, the latter inflammatory condition with the secondary action or rather with the organic reaction excited by moderate doses of this agent. If undue vascular activity occurs during an attack of scurvy, Old-School practitioners do not hesitate to take blood. This treatment is in perfect accord with sound pathology from the allœopathic stand-point. Instead of bleeding, we resort to Aconite.

EXANTHEMATOUS GROUP.

The action of Aconite upon the skin, and its therapeutic virtues in acute eruptive diseases are very characteristic. In *Measles*, *Purple* and *Scarlet-rash*, *Rubeola*, acute *Eczema* and *Impetigo*, acute *Zona*, and in any other eruptive disease which sets in with synochal fever, Aconite may always be resorted to for the purpose of moderating the fever and facilitating the appearance and full development of the eruption. The various kinds of acute *rash*, *nettlerash*, *purple* and *scarlet* rash, measles, eczema and other eruptions very frequently disappear with the fever under the use of Aconite. In all the uncomplicated cases of these eruptions I advise you to give a dose of Aconite every now and then until the eruption has fairly run its course.

Aconite may help us in

Prurigo, for it causes a burning-itching of the whole body.

In *Scarlet Efflorescence* induced by a cold, we have seen Aconite dissipate the whole difficulty in the course of a couple of days. Sometimes this efflorescence has an hæmorrhagic appearance without any actual effusion having taken place.

In *Hives*, with which children are so frequently troubled, Aconite is an excellent remedy for the purpose of allaying the itching and burning. Give from third to twelfth potency.

Dengue may perhaps be properly classed among the eruptive fevers.

We find this disease fully described in Professor Dickson's Practice of Medicine. According to this author the name dengue is a corruption of the English word dandy, the disease being named *dandy-fever* by the English negroes of the island of St. Thomas on account of the stiff and affected gait of the persons who are laboring under it.

The disease was ushered in with febrile symptoms of an inflammatory character, accompanied by pain in the joints and muscles.

In the course of this fever gastric symptoms appeared, and on the sixth day minute red papulæ, slightly elevated and distributed in irregular patches, broke out upon the skin, first upon the face and trunk and gradually invading the extremities. The full development of the eruption was accompanied by severe arthritic and muscular pains; the eruption itself terminated in a few days in desquamation of the cuticle.

A disease of this kind would undoubtedly require Aconite; which might be alternated with, or succeeded by Bryonia.

Aconite might prove not only useful but indispensable in inflammatory sores, with a good deal of itching, stinging and burning pain. Among these sores we may rank the acute

Scrofulous Ulcer when it developes itself suddenly from a small pimple or vesicle; the bottom of the sore is lined with a grayish mucus, the edges look angry, inflamed, bleed readily; the ulcer is surrounded with an indurated border, and inflamed pimples start up in its neighborhood, forming the nuclei of ulcerative processes which gradually coalesce in one large sore. The burning, stinging and itching are sometimes intolerable. Aconite is one of the most efficient agents to strike down the inflammatory action; Sulphur may afterwards be required to extinguish or hush up the scrofulous taint.

I must not forget to point out to your attention the importance of Aconite in the treatment of injuries, fractures, dislocations, sprains. Aconite will check the traumatic fever, and control the inflammation which may develop itself in the dislocated joint.

In *Sprains*, homœopathic physicians generally use Arnica, although Aconite is most frequently required in order to scatter the sanguineous congestion consequent upon a sprain. For this purpose, Aconite may be used both internally and externally; internally in the attenuated form, and externally from twenty-five to thirty drops of the strong tincture in eight tablespoonfuls of water.

We have shown in a former paragraph the homœopathicity of Aconite to *Jaundice*, and likewise to *Dropsy*. There are several symptoms among the provings of Aconite which indicate very clearly its specific character as a curative agent in the last named disease. They are the following:

Sensation in the skin as if the epidermis were separated from the cutis by some intermediate substance, a sort of erratic creeping over the whole body, accompanied with an unpleasant feeling of shivering.

A sensation in the whole body, and especially in the left side as if

swelling up; this sensation gradually changes to a feeling of numbness, and is attended with a pain in the muscles as if bruised, and a sense of weariness in the bones.

Sensation in many parts of the body as if they were swelling up, generally accompanied with shivering, coldness or chilliness.

The pathological condition corresponding with these symptoms is a plethora of the capillary vessels which may very soon lead to exudations and fully developed anasarca. We can affirm from abundant experience that these symptoms occur in practice. In one case a lady who had exposed herself to a draught while the skin was covered with moisture, complained of a sensation of swelling up like a balloon. These symptoms are generally accompanied by gnawing, pinching, stinging sensations in the skin, or even by numbness of the skin, all of which constitute symptoms which have been reproduced by the provers of Aconite; we may mention

Pinching, pressing and gnawing in the skin, here or there, as if occasioned by a powerful electro-magnetic battery.

Numb feeling extending from the face over the whole body.

Stitches in various parts of the body as if electrical sparks were drawn from the forehead, back, sides of the chest, fingers, dorsum of the hand, and from various other parts of the body.

Stinging or stinging-burning pains in several parts of the skin, sometimes accompanied with a feeling of weight, numbness or swelling.

SLEEP.

Aconite causes a restless sleep which is moreover disturbed by dreams of an anxious or terror-inspiring nature.

The prover talks a good deal in his dreams and is in constant motion during his sleep.

Anxious dreams, with oppression of breathing, as if he had the night-mare; he wakes with a start as if in affright.

Constant drowsiness, even in the day-time.

Some of these symptoms occur during the course of an ordinary fever to which Aconite is homœopathic. One of them shows that Aconite may prove curative in

Night-mare, if persons are habitually subject to it.

Habitual Drowsiness may depend upon a certain torpor of the cerebral nerves or upon deficient action of the liver. Our provings point to Aconite as one of the remedies for this condition. This drowsiness may sometimes be insurmountable; it may attack a person even in the midst of a conversation, and is generally accompanied with a feeling of heaviness and weariness, especially in the lower extremities, and with a frequent inclination to yawn and stretch one's limbs.

Aconite also causes sleeplessness, which seems to be owing to pain; hence we have in this agent a specific substitute for Morphine in many cases of

Sleeplessness which results from pain. Aconite will procure sleep

by mitigating the pain. You will understand that this result can only be obtained in cases where Aconite is in curative adaptation to the nature of the pain.

Some of these symptoms show that Aconite may prove useful in certain

Monomaniacal States of the mind; we may refer to the following:

He has a dream about one and the same thing which clings to his mind like a fixed idea even after waking.

MENTAL GROUP

Aconite is adapted to a variety of mental derangements both in the sphere of perception and volition. We have seen that Aconite is homœopathically adapted to certain forms of

Fitful Mania, with varied exhibitions of temper, singing and weeping, whistling and moaning.

Aconite causes vehemence, headstrongness, quarrelsomeness, great sensitiveness to the least joke. This effect renders it a valuable agent in

Mania, characterized by a tendency to fight, dispute, or take offence at the least provocation or fancied provocation.

Aconite is distinguished by the peculiar property it possesses of exciting a foreboding state of the mind, with apprehensions of death or fear of one's recovery. How often do we meet with this state of the mind among pregnant or hysteric females! We therefore recommend Aconite in

Monomaniacal Hypochondria or *Hysteria,* where these fears and sad forebodings are constantly uppermost in the patient's mind.

Aconite has an exalting effect upon the fancy, and hence may be recommended in abnormal states of

Ecstasis or rather Ecstatic *Hallucinations* of the mind; we infer this from such symptoms as these:

He exclaims that his beloved has this moment sung the difficult passage which he had just executed himself.

When wide awake, his mind and fancy wander even so as to make him start out of bed.

He has a dream which explains to him a thing that seemed inexplicable in the waking state.

Aconite deranges the intellectual faculties; it causes weakness of memory, more particularly an inability to remember dates. It likewise causes an extreme absence of mind, a complete vanishing of ideas.

This sort of weakness may be the result of, or it may be accompanied by an habitual congestion of the cerebral sinuses, aching pains in the region of these sinuses, more particularly in the region of the frontal sinuses and likewise on the top of the head where a sensation of pressure is experienced. A condition of this kind may occur after a sunstroke, or in consequence of an habitual rush of blood to the head, constitutional headaches. The general hygienic

means adopted in such cases may be assisted in their operation by an occasional dose of Aconite, sixth to twelfth potency.

Among the effects of Aconite upon the mind we notice the following symptoms:

"He acts foolishly like a crazy person; he performs a variety of things with extreme haste and without reflection, and runs about the house."

This symptom shows us that Aconite has power to disorganize the normal operations of the mind, and that it may be of use in certain forms of

Craziness characterized by unsteadiness of purpose, inability to logically connect cause and effect, nervous restlessness.

Let me not forget to point out the curative relation of Aconite to the consequences of a sudden fright, or even of other depressing emotions such as care and anger. Under such influences the capillaries may become affected as they are when acted upon by Aconite, and similar pathological conditions may result, such as: fever, prostration, nervousness, wakefulness, loss of appetite and other derangements for which Aconite has been recommended as their typical *simile* in previous lectures.

Gentlemen, this concludes my remarks on Aconite. If I have succeeded in imparting to you a knowledge of the curative range of this remarkable agent, we have made a fair beginning towards a sound comprehension of our Materia Medica. It is only by studying the physiological effects of our drugs with constant reference to the pathological conditions with which they are in therapeutic rapport, that we shall weave a golden thread which like Ariadne's thread of old, will lead us through the dark maze of symptomatology into the bright sunshine of therapeutic truth.

On looking at this plant with the skilled eye of a therapeutist, what beautiful lessons are we taught of the goodness and wisdom of Providence. Our heavenly father has seen fit to create our organisms with inherent tendencies to disease. If this were not so, how should we ever succeed in discovering the true conditions of health? This is part of our destiny, and the consciousness that we are realizing this destiny by our own endeavors, is the sweet reward for the struggles which we are undergoing. In the mean while, if under circumstances favorable to the development of disease, these tendencies become manifest derangements of the physiological functions and tissues, God does not abandon us to an inevitable fate of misery and suffering. No, at the same time that He permits disease to exist, He has created the means to subdue it. The tendencies to disease which are from Creation inherent in the human organism, are likewise inherent in the great organism of nature. In the human organism these tendencies develope diseases; in the organism of nature they develope the means for their extinction. These means are remedial agents, drugs. It being the office of drugs to cure diseases, they must necessarily correspond with the

diseases which God permits to exist. If this were not so, there would be no unity in his system of government. If drugs generally correspond with diseases, each particular drug must necessarily correspond with some particular disease, some particular pathological disturbance. To the mind of a thoughtful therapeutist each drug speaks its own particular language, and reveals its own specific sphere of usefulness. Thus it is that the Aconite plant with its blue flowers, its glassy, dark-green, deeply-incised leaves, claims his attention as a powerful agent in combating disorders of the circulatory apparatus, bilious derangements, and nervous diseases, all of which make up a vast majority of human ailments. And it is thus that the students of Homœopathy looks at every drug not merely as an object of natural history, but as a means of relieving suffering man from the functional or organic disorders which this drug represents in nature. This representative character of drugs is the deep idea which underlies the great fabric of Homœopathy. Every drug constitutes the visible image, in a material form, of the disease with which it is in specific therapeutic rapport. We prove drugs in order to discover, by this approximative process, the specific diseases with which they respectively harmonize as therapeutic agents. He who has a clear perception of these fundamental truths, has entered the holy of holiest of our great science, nor can her spirit ever depart from him.

LECTURE XIV.

THE ANTIMONIAL PREPARATIONS.

ANTIMONY is the basis of several important medicinal preparations. Metallic antimony, formerly known under the name of Stibium, is no longer used in medicine. The antimonial preparations which homœopathic physicians make use of, are: the *black sulphuret of antimony*, also termed crystallized tersulphuret of antimony, or crude antimony; *antimonial wine* and *tartarized antimony*. In order to distinguish the metallic antimony from the tersulphuret, the term "regulus antimonii" has been applied to the former.

The black sulphuret of Antimony was known in the most ancient times. It was used by the Asiatic and Greek ladies as a pigment for the eyebrows. The pigment was composed of the black sulphuret, lead and zinc, and was used for the purpose of giving prominence and expression to the whites of the eyes. The term *Stibium* is derived from the Greek verb *stibo*, which means "to crush." The name of the pigment was platuophthalmon, literally large-eyed, (an ointment for the eyelids.) The practice of using this pigment for such purposes, is alluded to in the 23d chapter of Ezekiel, 40th verse; and likewise in 2d Kings, 9th chapter and 30th verse, where the expression: "and she painted her face," is shown by the celebrated

Oriental scholar Gesenius to refer to the practice of painting the eyebrows and lashes.

In former ages the Sulphuret of Antimony was only used externally for sore eyes, ulcers, etc.; physicians dared not use it internally on account of its supposed poisonous qualities. Basil Valentine is supposed to be the first who gave it internally. Experiments upon animals led him to believe that it acted favorably upon the reproductive system, and he therefore administered it to the monks of his cloister as a stimulant of the digestive functions, in cases of weak digestion or dyspepsia. Paracelsus and his disciples spread the use of antimonial preparations in a manner which led to great abuses of this agent and induced the parliament of France to forbid its employment as a therapeutic agent during a period of one hundred years. In the year 1666 this edict was revoked at the request of the Medical Faculty of Paris, one hundred and two members of which gave their assent to the use of antimonial preparations. The name of antimony dates from the period when the abuse of this drug led to so many disastrous consequences among the people and the inmates of cloisters. Antimony is a compound of *anti*, against, and *monachas* a monk, an agent used against monks. The black sulphuret of Antimony or the tersulphuret is found native in various parts of the world, more particularly in Hungary, Germany, France, England and likewise on the island of Borneo, from which quantities of the crude ore are imported as ballast. According to Pereira, from six to eight hundred tons have been imported in the course of a single year.

The tersulphuret is separated from its siliceous gangue by melting it in iron crucibles or pots, the bottoms of which are perforated by a number of holes, and which are placed over other receiving vessels in holes dug in the ground. The liquid sulphuret runs into the inferior vessel, and the unmolten silicate remains behind. This process of separating the sulphuret from the gangue is slightly modified in different countries.

The sulphuret thus obtained is found in commerce in large loaves or cakes, consisting of shining, lead-colored crystals agglomerated into roundish masses. The native sulphuret is generally found adulterated with small quantities of lead, copper, iron and arsenic; hence, for homœopathic purposes it is best to prepare it one's self. For this purpose we reduce thirteen parts of pure metallic Antimony to a fine powder, and mix it carefully with five parts of the washed flowers of sulphur; we insert this mass by degrees into a red-hot crucible, and melt it by adding half a part of dried salt. After being kept liquid for half an hour, we allow the mass to cool, separate the portion which adheres to the bottom of the crucible by a stroke of the hammer—this portion being found to be pure metallic antimony—and reduce the remainder to an impalpable powder, which is to be washed with distilled water, and to be used for triturations.

Physiological Action of Antimony.

Antimony seems to affect principally the gastro-intestinal mucous

membrane, and the mucous membrane of the urinary bladder. According to the statement of Trousseau and Pidoux the effects of antimony as observed on the hospital-patients under their care, are most strikingly perceived in the pulse, the respiration and the urinary secretions. They state that, under the use of large doses of antimony, when given to patients affected with non-febrile affections, such as sciatica, chronic rheumatism, chronic catarrh, nocturnal bone-pains, etc., the pulse went down from seventy-two to forty-four beats in the minute; in many cases the first effect of antimony upon the circulation was to cause an extraordinary irregularity in the beats of the pulse, without any diminution in their frequency; this irregularity sometimes preceded the previously-mentioned decrease in the number of beats.

The number of inspirations was likewise considerably diminished. From sixteen, twenty and even twenty-four inspirations, the number went down to six; this extraordinary decrease would have justified the most serious apprehensions concerning the safety of the patients, if their whole appearance, their unimpaired physical and intellectual energies, had not indicated a state of well-being. From these remarkable effects we may certainly infer that, although antimony possesses the power of depressing the action of the heart and lungs, two great centres of organic life, yet it does not seem to make any great inroads upon the cerebral centres; for, if it did, this remarkable depression of the pulse and the respiratory movements, would undoubtedly be accompanied by symptoms of great constitutional derangement.

A striking effect of the antimonial preparations is to increase the urinary secretions. This effect is more particularly perceived, if the drug excites neither diarrhœa nor vomiting. The urine is watery; after giving the golden or yellow sulphuret of antimony (another antimonial preparation), a thin, gold-colored urine was secreted which deposited a scarcely-perceptible cloud. In one case, the urine secreted by a healthy person, deposited twenty-four hours after the emission, small, red, hard little corpuscles. This symptom might lead us to infer that Antimony may prove useful in gravel and urinary calculi.

In endeavoring to define the therapeutic sphere of antimony, we shall find it impossible to solve this problem by such symptoms as we find recorded in Hahnemann's Chronic Diseases, where Antimony occupies a position as an antipsoric. In reading over the pathogenesis of Antimony, the fact seems to impress itself upon our minds, that, in order to do justice to this interesting agent, we have to grasp the totality of the impression which Antimony makes upon the tissues. The long-continued use of Antimony causes an inflammatory irritation of the intestinal mucous membrane, similar to what appears upon the skin when antimonial washes and ointments are applied to it. It is likewise to be observed that the symptoms of gastric derangements which Antimony causes, incline to be inveterate, and that a continued tendency to looseness of the bowels is very frequently the result of antimonial action. Keeping this dis-

organizing or disintegrating action of Antimony upon the intestinal membrane, in our mind's eye, and considering moreover that individuals of a cachectic habit of body are especially subject to diarrhœic discharges, we may consider this coincidence as prima facie evidence of the affinity existing between antimonial action and this habitual tendency to looseness of the bowels in persons whose reproductive system is tainted with decay. Hence, if we see a patient with a sallow and haggard countenance, dull and sunken eyes, dirty-grayish coating on the tongue, unpleasant, foul, pappy taste in the mouth, fetid odor from the mouth, dryness of the mouth and throat, thirst, or constant secretion of unpleasant, tenacious phlegm in the throat, rising of foul, sweetish or insipid water from the stomach; loss of appetite; want of tone in the stomach; bloating of the stomach after eating; fulness and distention of the bowels; frequent tendency to emission of foul-smelling flatulence; tendency to diarrhœa, the evacuations consisting of foul-smelling mucus, or alternate tendency to diarrhœa and constipation; constant feeling of weakness in the bowels; frequent desire to urinate, the urine being in most instances turbid, and having a foul odor; and perhaps weak and retarded or short breathing and corresponding weakness of the circulation; if these and similar symptoms present themselves to our view, they at once convey to our minds the general impression that we have an antimonial group of symptoms to deal with.

The intestinal mucous lining seems to be that portion of the mucous expanse which perceives the action of Antimony with most readiness and intensity. Hence it is in affections of this membrane, when characterized by symptoms of debility and decay, that Antimony may render good service. We may avail ourselves of this agent in

Chronic diarrhœa, of a watery consistence, or of a grayish, decomposed, rather foul-smelling mucus; the stools may be mixed with undigested food; a feeling of weakness is felt in the bowels such as is induced by the action of a cathartic; and this feeling of weakness may be accompanied by a sensation of heat which is diffused through the bowels, pinching pains in the small intestines, distention and hardness of the abdomen, emission of moist and fetid flatulence.

A diarrhœic condition of this kind must inevitably be accompanied by dyspeptic symptoms. Patients whose bowels exhibit these signs of weakness are suffering with anorexia or loss of appetite; the lining membrane of the mouth is dry, hence they complain of thirst; after eating, the stomach feels oppressed and distended; the epigastric region may feel sore; the patient may complain of foul and bitter risings from the stomach; the food regurgitates after eating; the taste in the mouth is altered, and the tongue is covered with a thick, grayish slime or mucus. These symptoms denote a condition which former pathologists were in the habit of designating by the term "*gastricism*," or saburral derangements of the primæ viæ. The doctrine was that the delicate vessels in the canals in which the functions of nutrition are supposed to be carried on, were filled with impurities termed saburræ, and it was therefore a matter of impor-

tance to the patient that the organism should be cleansed of these crudities by cathartics or drastics. Antimony was often administered for such symptoms, but in such massive doses, or in combination with so many other ingredients, Opium and so forth, that the good effects of the drug were either interfered with by the presence of these heterogeneous elements, or else that the medicinal effects of the drug were amalgamated with the natural disturbance, thus begetting a monstrous compound which required other direct and antidotal treatment and often entailed incurable infirmities upon the sufferer. Under homœopathic treatment the third, sixth and even twelfth potency of the sulphuret will often prove of great benefit to a patient afflicted with this peculiar form of gastric derangements.

It is not necessary that diarrhœa, or a tendency to diarrhœa, should always be present in this gastric condition; the opposite condition, viz.: constipation, with heat in the bowels and a deep-seated soreness throughout the mucous expanse of the small intestines may take the place of the diarrhœic element. We know that a large dose of Antimony may cause vomiting and purging, with decided symptoms of gastro-enteritis; hence the symptoms of the organic reaction which would follow the continued use of comparatively small doses of the drug, must necessarily assume the opposite form, viz.: constipation, with distention of the abdominal walls, engorgement and consequently heat and dryness of the mucous lining of the bowels. In the gastric group which I have endeavored to delineate, constipation, with heat, deep-seated soreness and distention of the bowels, is therefore just as much an indication for Antimony as the opposite diarrhœic condition.

Having alluded to the general effects of a massive dose of Antimony upon the intestinal mucous lining, we may take this opportunity of recommending it for a form of

Gastro-enteritis characterized by similar symptoms. It is not such a form of gastro-enteritis as would indicate Aconite. In the form where Antimony is indicated, the skin shows a tendency to become cold and to cover itself with a clammy perspiration; the pulse, instead of assuming the full, hard, quick and bounding character of an inflammatory type, becomes weaker and emptier; the patient discharges mucus mixed with blood, and complains of griping and cutting pains in the small intestines. The third trituration and even the sixth potency in repeated doses, giving a small powder dry on the tongue every three or four hours, or a tablespoonful of a solution of a few drops of the sixth potency in a tumblerful of water every two or three hours, will prove adapted to the case.

It is well known that the intestinal mucous lining of children is liable to characteristic derangements. If this great focus of the reproductive system exhibits such symptoms of decay as I have depicted, and if these symptoms of decay are accompanied by irregular appetite, alternate anorexia (loss of appetite), and bulimia (inordinate craving of food), and by frequent emissions of urine, more particularly during sleep, at night, we have in Antimony an excel

lent remedy for a diseased condition of the intestinal lining which frequently leads to the formation of those troublesome parasites, worms. The third up to the sixth potency may be used in all such forms of helminthiasis or worm-disease. If decided fever-symptoms are present, Antimony may be given in alternation with Aconite.

Considering that the intestinal mucous lining is so powerfully influenced by the action of Antimony, it stands to reason that the skin, an organ that is in such close dependence upon the condition of the assimilative sphere, must likewise be subject to the disturbing action of this agent. Indeed, even if we did not know it by our provings, yet we have a right to infer that in all cutaneous disorders which purely and simply result from such diseased conditions of the intestinal mucous membrane as Antimony is homœopathic to, this medicine will exercise a curative influence. Such disorders are not measles, scarlatina, purple-rash and the like, but a variety of vesicular, papulous and herpetic eruptions, some of which it may not be inappropriate to mention:

1. Papulous eruptions,

Little pimples or blotches, and sometimes scurfs, with an inflamed base, leaving brownish spots.

Strophulus, white gum, milk-spots, dental rash, red gum or gown of children which sometimes becomes very troublesome during teething, consisting of red or sometimes whitish pimples surrounded by a reddish halo, on the face, neck, and arms;

Strophulus volaticus, an eruption consisting of burning, red spots gradually peeling off and changing to a brown color; the Germans designate this eruption by the term of wild fire, a fiery redness principally affecting parts of the face, head, neck.

2. Herpetic Eruptions.

Lichen simplex, consisting of red pimples on the face or arms, thence spreading all over;

Lichen agrius composed of clusters of pimples, surrounded by a red halo; the cuticle gradually grows hard and thick, and cracks.

Lichen lividus, in which form the papulæ or little blotches look dark-red or livid, without any fever.

Lichen urticatus, consisting of blotches and wheals like nettle-rash, and accompanied by fever.

Beside these forms of lichen we have a species of urticaria under the skin, generally caused by poisonous crabs and oysters.

3. Vesicular and Pustulous Eruptions,

such as:

Scabies purulenta or *humida*, of an inveterate character, particularly in scrofulous and arthritic individuals;

Pustules on the hairy scalp, terminating in the formation of yellowish crusts;

Psydracia or *spurious itch*, a form of itch consisting of small, irregular pustules pouring out a thin, watery fluid and forming laminated crusts;

Ecthymatous eruptions, especially a form of ecthyma termed "ecthyma cachecticum," a pustulous eruption showing itself on persons whose reproductive system has suffered a great deal from want and care, may require the use of antimony.

Lastly, we may give this drug in certain

4. Tuberculoid Eruptions,

such as:

Boils of an unhealthy character, secreting an unhealthy, thin, offensive pus;

Molluscum, a cutaneous disease consisting of numerous tumors from the size of a pea to that of a pigeon's egg. Some of these tumors are attached to pedicles. They contain a pap-like or atheromatous liquid, and seem to emanate from the substance of the derma.

Acne rosacea, Gutta rosacea, copper-nose, bottle-nose, grog-blossoms, an eruption consisting of suppurating tubercles with shining redness, imparting a rough and irregular appearance to the skin. The eruption generally first breaks out at the tip of the nose, whence it spreads over the sides of the nose and cheeks.

Sycosis menti, mentagra or barber's itch, an eruption on the bearded portion of the face and scalp, and consisting, according to Bateman, of inflamed, but not very hard tubercles, and usually clustering together in irregular patches, may likewise be advantageously treated with Antimony.

In general, Antimony is adapted to cutaneous disorders in individuals of impoverished constitutions, whose skin is cold, unhealthy-looking, deficient in elasticity and subject to the breaking out of sores that secrete an unhealthy, thin, badly smelling pus. This condition of the skin is accompanied with universal signs of decline in the vegetative sphere. The abdominal mucous surfaces show signs of decay such as we have endeavored to picture in previous paragraphs. We may here remark that, because a cutaneous disorder is accompanied by symptoms of gastric derangement, this coincidence is not necessarily an indication for Antimony. In order that Antimony may meet the case, the gastric derangement must not only be characterized by such phenomena as I have described, but the cutaneous disorder must be incidental to the morbid condition of the vegetative system. In many eruptions, whether vesicular, papulous, pustulous, etc., the gastric symptoms are incidental to the cutaneous disorder. In many forms of strophulus, lichen, eczema, ecthyma, herpes, and tubercles, the accompanying febrile excitement may require the use of Aconite which will often calm the gastric disorder and effect a drying up and scaling off of the eruption.

A case of *Leprosy* is reported in the British Journal, where no treatment seemed of any avail. The physician finally prescribed

ass's milk, pro forma, and the patient got well. The paddock where the animal was kept was examined; but nothing was found in the excrements of the animal. When the physician cleansed his cane in the trough from which the animal drank, he discovered a lump of the sulphuret of Antimony, which had been placed there to cure some dogs of the mange.

It should be recollected, however, that a little Arsenic is very often found combined with this sulphuret. May not some Arsenic have been present in this case, the dynamic virtues of which, as eliminated by the vital organism of the animal, effected a cure?

Soreness of the Eyelids of a chronic, scrofulous character, especially when accompanied by general abnormal symptoms of the vegetative system, may require the use of Antimony.

Soreness of the Ears, external as well as deep-seated, when in relation with gastric symptoms, especially in scrofulous and arthritic individuals, may likewise be benefited by the use of Antimony.

Tinea capitis, when depending upon or accompanied by such symptoms of gastric derangement as indicate Antimony, should be treated with this agent. This species of tinea generally forms thick, coherent, dirty-looking crusts, or isolated crusts covering unhealthy-looking sores.

This agent furnishes many illustrations of the teachings of humoral pathology. The doctrine of humoral pathologists is, that the primæ viæ, that is the delicate channels where the process of assimilation is essentially conducted and perfected, among which the lymphatics and lacteals occupy a prominent rank, are obstructed by impure humors, which have to be removed by appropriate means; if too thick, they have to be thinned, for which purpose a class of remedial agents is imagined especially entrusted with this business: the so-called *diluents;* if too thin, too fluid, lacking the normal consistence, they have to be thickened, for which purpose inviscants, incrassants or thickening remedies are used. Or the humors may have to be treated as downright impurities, fit only to be expelled altogether. For this purpose we use *evacuantia*, evacuating agents, among which Antimony occupies a most important position. In order to attain this supposed end, Antimony had often to be given in large doses, which would not simply purge the bowels, but set up a dangerous state of hypercatharsis, which it was important to modify, and, if possible, to prevent. Hence another set of agents was called into play, the so-called *corrigentia*, a class of agents whose especial mission it was to correct the excessive action of other drugs. In order to modify or prevent the hypercathartic action of Antimony, Opium was frequently associated with it. Well may we exclaim, on reading of such proceedings: What a waste of power, and what an absurd system which is condemned to neutralize its own excesses, excesses not accidental, unforeseen, attributable to the exceptional sensitiveness of a patient, but predetermined by

the exacting routine of the School, and afterwards to be removed by this other insane routine, the addition of corrigentia or correcting agents. Truly a curious system, ever occupied in undoing the next day what it had been doing the day before, or in neutralizing its own intentions; a system personated by the very mythological Sysiphus of old, who, being condemned by a merciless fate to roll a heavy boulder to the top of a mountain, had to behold his boulder rolling back into the precipice below whenever he seemed on the point of reaching the summit; or even by the poor laborer whom our immortal fellow-citizen Stephen Girard saw standing idle in front of his mansion. Being asked by the poor man to give him work, Girard told him to remove a pile of bricks from one corner of his yard to another. The job having been done, and more work being asked for, the man was told to carry that same pile of bricks to another corner, and then to another, then back again to the first corner. Having been occupied in this way for a time, the poor laborer went to the merchant-prince, asking: Have you any other work to do? Being answered in the negative; "Then," said he, "get somebody else to make a fool of, for I will no longer be humbugged in this way."

This poor laborer seems to have had more sense than many a learned humoral pathologist who spends his time in first opening the bowels by a dose of Jalap, and then closing them up again by a dose of Opium; or in first irritating the skin by a blister and afterwards healing the sore by an ointment; or in first poisoning the organism by Calomel and afterwards undertaking to clear it out again by a dose of Castor-oil. Moreover, the addition of Opium would frequently fail of its object; for, as the learned Dierbach very correctly remarks, the gastric effects of Antimony might have been masked by Opium for a time, but they would break forth all the more violently afterwards.

We have stated that large doses of Antimony will cause vomiting and diarrhœa, or will increase the urinary secretions in case the emetic or cathartic action does not develope itself. It is by massive doses of a drug that its primary effects upon the tissues are determined; small doses indicate more fully and accurately the manner in which the organism reacts against the drug. We have seen, for instance, that a massive dose of Aconite will depress the pulse and animal temperature; this may be considered as the primary effect of the poison, which, if eventually overcome by the organic vital force, will be replaced by an opposite condition, heat and dryness of the skin, and increased frequency, fullness and strength of the pulse. Under the effects of a massive dose of the poison, the organic reaction sets in slowly, at a late period, if at all; under the effects of a comparatively small dose of the poison, the organic reaction may set in speedily, sometimes so rapidly that the primary effects of the drug are hardly perceived. Comparatively small doses of Aconite, for instance, may at once develop the symptoms of organic reaction, heat and dryness of the skin, and fullness and rapidity of the pulse, without any marked previous diminution of the temperature, or of the volume and frequency of the pulse. In applying

this doctrine to Antimony, we shall find that comparatively small doses of this drug may develop symptoms of organic reaction without any previous symptoms of primary reaction. Instead of diarrhœa we shall have more or less constipation, accompanied perhaps by bloating of the bowels, and instead of vomiting we may have a loss of tone in the stomach, giving rise to loss of appetite, or even complete anorexia, a perfect indifference to food. The other symptoms of gastric derangement may remain the same. We may add that the urine and circulation would likewise be found correspondingly altered; instead of a thin, watery urine we might have a urine evincing slight symptoms of a feverish condition of the system, darker in color, of a more offensive odor, and perhaps depositing some sediment. The pulse would, most probably, be slightly irritated.

Formerly it was believed that the action of Antimonials depended upon their solubility in the fluids of the stomach. This doctrine is now emphatically exploded. Metallic Antimony, which is insoluble in the stomach, acts as energetically as the soluble antimonial salt, tarter emetic. Trousseau and Pidoux have determined by direct experiment that "Antimonial preparations, if injected into the rectum, veins, or subjected to absorption in any part of the system, will excite vomiting more certainly than they do if introduced directly into the stomach;" which proves, according to the opinion of these observers, that "vomiting is the effect of some special modification of the nervous system rather than of the local irritation produced by the drug." Homœopathic practitioners may well rejoice at this more enlightened and refined mode of accounting for the action of drugs, a powerful rebuke to Liebig and his followers, who have undertaken the hopeless task of explaining the phenomena of vital action and reaction by the laws which govern inorganic matter.

After these brief explanations it may be interesting to study the effects of Antimony as determined by the inhalation of antimonial vapors in smelting buts. Dr. Lohmeyer, physician to a large smelting establishment in Germany, has described the poisonous effects of antimonial vapors in a very graphic manner.

One of the workmen was attacked as follows: after having been exposed to the vapors for a long time, oppression on the chest and slight headache; the oppression gradually increased to violent stitches across the chest, darting towards the shoulders and back; these were accompanied by a dry, painful, shrill cough. The headache likewise increased to a stitching and burning distress in the occiput and nape of the neck. When coughing, the patient raised with difficulty; a rattling and wheezing in the air-passages were heard during the respiration. At night the patient was distressed by a painful uneasiness which soon increased to complete loss of sleep. An occasional short nap was invariably interrupted by a most distressing sweat which was always followed by great exhaustion. A complete prostration of the organism was a marked symptom of the effects of the poison. The appetite was impaired, the abdomen distended, and the patient was troubled with frequent attacks of a pinching diarrhœa, especially after eating, when the

food would pass off undigested. The patient had difficulty in passing urine, which was attended with urging and pain at the neck of the bladder and a painful burning in the urethra, from which a few drops of a liquid mucus were occasionally discharged. The urine had a dark, orange or reddish color. A few pustules broke out on the scrotum, resembling small-pox pustules; pains were felt in the scrotum, the sexual instinct was weakened and gradually became extinct even to complete *impotence*; seminal discharges and erections had entirely ceased. Incipient atrophy of the penis and testicles accompanied this loss of power.

This group of symptoms illustrates in a very characteristic manner the disorganizing action of Antimony upon what physiologists designate as the vegetative or reproductive sphere. First, in this group of symptoms we have the acute bronchial irritation and colliquative sweats with the sticking-burning pain in the head, and more especially in the occiput; next, we notice the impaired appetite and the diarrhœa and lienteria; thirdly, observe the urinary difficulties, the urging and pain at the neck of the bladder, and the burning in the urethra with discharges of mucus from this canal; next the small-pox-shaped pustules on the scrotum, and lastly the impotence and atrophy of the sexual organs.

In another case the same symptoms were observed, together with rheumatic tearing pains in the limbs, and the pustulous eruption first breaking out on the neck, afterwards on the trunk and very characteristically on the sexual organs.

In a number of other cases Antimony produced the same effects. In one case the patient complained of stitches darting towards the occiput, with pain in the forehead and in the region of the root of the nose; he likewise complained of a violent distress in the small of the back; the other symptoms were the same as in the other cases.

The important facts which are communicated to us in these cases, lead us to some exceedingly interesting applications of Antimony as a therapeutic agent. We are undoubtedly entitled to its use in

1. *Chronic Headaches*, of the character delineated in these groups of toxicological symptoms; the patient complains of stitches flying through the head, or of a burning distress in the region of the cerebellum; such headaches are always complicated with profound gastric disturbances, loss of appetite, diarrhœa and a general prostration of the vital reaction, they may have a mercurial-syphilitic origin. Antimony has been used by Old-School physicians for syphilitic bone-pains in the skull, syphilitic nodes about the skull, and hypertrophy of the pericranium; in all these affections massive, alterative doses were resorted to. If the drug is indicated in these syphilitic affections by the constitutional symptoms, comparatively small doses will be sufficient.

2. In *Diarrhœa* and *Lienteria*, to which I have already directed your attention; I mean the diarrhœa of cachectic individuals, with discharges of foul slime, bile and undigested food, an impaired appetite, coated tongue.

Plenck asserts that Antimony, when inconsiderately taken, may

produce vomiting, copious stools, intolerable griping pains, anxiety, agitation, hæmorrhage from the bowels, convulsions, inflammation of the stomach and intestines, erosions, gangrene, death.

We know moreover that Antimony will induce copious and fetid ptyalism, foul taste, coated tongue, foul risings from the stomach, anorexia, oppression after eating, emission of fetid flatulence, enuresis. Hence we may recommend Antimony in

Gastro-enteritis; in

Saburral Derangements or *Gastricism;*

Weakness of the Bowels and Digestive System;

Worm Affections.

These derangements of the gastric functions may be more or less accompanied by febrile symptoms; hence it may be necessary to resort to Antimony in some chronic forms of gastric or mucous fever of an erethic type. In the inflammatory type of these fevers Antimony would be out of place.

If Antimony is possessed of the power of depressing the vegetative functions of the organism by disorganizing the intestinal mucous tissue and the lymphatic system, we may reasonably infer that it may prove useful in certain forms of

Marasmus, characterized by such signs of derangement in the digestive system as we have indicated. The unhealthy state of the skin, tendency to sores, depression of cutaneous temperature and a sensation of heat diffused over the inner surfaces; anorexia, diarrhœic discharges consisting of disorganized lymph and mucous, or alternate diarrhœa and constipation, and other signs of vegetative decay, must of course legitimate the use of this agent.

3. In *Dysuria,* with urging and pain at the neck of the bladder. In recommending Antimony for this affection, you must not lose sight of the general determining condition for its use, which is a more or less universal decay or sinking of the lymphatic system, this first and most important laboratory of the reproductive energies of the organism.

4. In *Catarrh of the Bladder,* with burning in the urethra, discharges of mucus; it may arise as a spontaneous symptom of deficient innervation in the lymphatics of the urinary organs.

5. In *Chronic* or even *Acute Gonorrhœa,* with similar symptoms. In this disease Antimony may prove useful in many cases, more especially if the gastric condition of the patient justifies its use. Allœopathic surgeons use alterative doses in this disease.

6. In *Impotence* and *Atrophy* of the *Testicles* as a symptom of general prostration of the reproductive sphere, with loss of appetite, diarrhœa, night-sweats, rheumatic or arthritic pains.

7. In *Bronchial Irritation* or actual *Bronchitis* of a chronic form, with stitches flying through the air-passages, oppression, racking cough with scanty and difficult expectoration, violent headache in the occiput or forehead.

Even in *Ulcerous Phthisis,* where these symptoms occur, Antimony may be of use. Stahl, of celebrated memory, employed it in this affection with success. It should not be forgotten, however, that Stahl employed the vapors of antimony, which he caused to be in-

haled. His commentator, Huldericus Pelargus, declares however that he does not by any means feel inclined to resort to the vapors of Antimony in ulcerous phthisis, either in his own case or in that of other patients. In this he was perfectly correct from his own point of view; for not being acquainted with the fact that antimonial vapors may cure a pulmonary condition bordering upon phthisis, for the simple reason that they are capable of producing a similar derangement in healthy persons, he must necessarily have condemned the use of such agents in pulmonary diseases as dangerous and absurd.

8. We find that Antimony will prove homœopathic to *Small-pox*, for it causes not only a similar eruption, but a similar disease. It causes the distressing headache, the pain in the small of the back, the rheumatic-tearing pains in the joints, and the gastric derangements which exist in small-pox.

Lastly, let me remark that Antimony has been used by Old-School practitioners for arthritic rheumatism. If they have succeeded in effecting cures in this disease by means of large doses of Antimony, it is not so much upon the revulsive action of the drug as upon its homœopathicity to this disease, that its curative effects depended. We have seen that Antimony causes arthritic-tearing pains in the joints; if these pains are complicated with deep-seated gastric disturbances, with prostration and debilitating sweats, we may prescribe Antimony with a well grounded hope of affording relief to the patient.

The inflammatory sphere of this drug generally is very limited; we may use it, as we said before, in some cases of chronic arthritis and rheumatism, provided the accompanying gastric disturbances justify its employment; when concretions have formed in the joints, it may favor their absorption. Understand me well, Gentlemen, Antimony is not a remedy for gouty concretions; the co-existence of gastric symptoms has to justify its use; it will prove of little avail, unless the gouty diathesis is symptomatic of deep-seated gastric irritation, with tendency to prostration and debilitating sweats.

ANTIMONII ET POTASSÆ TARTRAS.

(*Tartrate of Antimony and Potash, Tartar Emetic.*)

The term *Stibium* is more especially applied to this salt by homœopathic physicians. We obtain it by boiling equal equivalents of cream of tartar and teroxyde of antimony in four times their weight of water.

This salt is sold in the shops in a crystalline form. The crystals should be well formed, perfectly white, transparent or opaque, having a slightly astringent, metallic taste. When dropped into a solution of hydrosulphuric acid, they have an orange-colored deposit formed on them; with hydrosulphuret of ammonia, a solution of the pure crystals gives a copious golden-colored precipitate.

Tartar emetic was first accurately described by the Dutch Chemist

Hadrian de Mynsicht in the year 1631. Old-School physicians have always regarded it as one of their most valuable sedatives, and more recently it has been lauded to the skies by Rasori and his followers as a most powerful antiphlogistic.

One of the most energetic experimentizers with Tartar Emetic is Magendie. Dogs without number have been sacrificed by this remarkable man for the purpose of ascertaining the effects of poisons upon the animal economy.

Magendie infers from his experiments, that Tartar Emetic occasions death when swallowed, not by inflaming the stomach, but by means of a general inflammatory state of the whole system subsequent to its absorption. In one case six or eight grains were dissolved in water, and injected into the vein of a dog; the animal was attacked with vomiting and purging, and died within an hour. Post-mortem appearances: redness of the whole villous coat of the stomach and intestines; also the lungs were of an orange-red, or violet-color throughout, destitute of crepitation, gorged with blood, dense like the spleen, and here and there even hepatized.

Rayer and Bonnet killed rabbits with Tartar Emetic, without being able to discover any inflammatory symptoms after death. They have observed the symptoms of inflammation in the tract of the intestinal mucous membrane, and even these were found entirely wanting in all cases where the poison destroyed life suddenly. Doctor Champbell of Edinburgh likewise found no traces of inflammation in the lungs. He killed a cat by applying five grains of Tartar Emetic to a wound made for that purpose, and discovered no signs of inflammation in the pulmonary tissue. It is barely possible, as Trousseau and Pidoux suggests, that Magendie may have mistaken a purely mechanical stagnation of the blood in the vessels for actual inflammation. The specific power which Magendie supposed Tartar Emetic to possess of causing pulmonary engorgements, is doubted by most, and denied by many leading physiological therapeutists. So far as I know, there is not a single fact on record going to show that Tartar Emetic is endowed with any specific power of inflaming the lungs in the human subject. Pereira very justly argues that "in cases of poisoning by this substance, no mention is made of difficulty of breathing, cough, pain, or other symptom which could lead to the suspicion that the lungs were suffering."

Tartar Emetic acts both as an irritant and a narcotic poison. As an irritant poison it may induce symptoms of inflammation in the gastro-intestinal mucous lining; as a narcotic poison it affects the nervous system, causing violent pains, cramps, convulsions, delirium and death. Dr. Récamier, chief physician to the Hôtel-Dieu of Paris, reports a fatal case of poisoning with tartar emetic, where the narcotic effects of the poison are distinctly seen. A man took forty grains of the poison for the purpose of destroying himself. He had been nearly two days ill with vomiting, purging and convulsions when Dr. Récamier saw him. On the third day he had great pain and tension in the region of the stomach, and appeared like a man in a state of intoxication. In the course of the day the whole

belly became swollen, and at night delirium supervened, which soon became furious and the patient died in convulsions.

In this case the thoracic viscera remained sound. A case of this kind simulates a sudden attack of gastro enteritis or even cholera; in violent attacks of this kind, where the capillary network ramified over the intestinal mucous lining is intensely irritated by the poison, and the cerebro-spinal axis receives a violent counter shock in consequence, Tartar Emetic may prove an invaluable curative agent. It has even been administered with great success in cases of furious delirium tremens where such symptoms as this case exhibits constitute characteristic indications.

Another case is reported by Orfila where the narcotic effects of the poison are distinctly seen:

A patient swallowed by mistake a scruple of Tartar Emetic for cream of tartar. A few moments afterwards he complained of pain in the stomach, then of a tendency to faint, and at length was seized with violent bilious vomiting. Soon after, he felt colicky pains, extending through the bowels, accompanied ere long by profuse and unceasing diarrhœa. The pulse at the time was small and contracted, and his strength failed completely; but the symptom which distressed him most was frequent rending cramps in the legs. He remained in this state for about six hours, and then recovered gradually under the use of Chinchona and Opium; but for some time afterwards he was liable to weakness of digestion.

In this case the symptoms seem to be the result of a deep inroad upon the nervous system. We infer this from the great prostration of the patient, from the cramps in the calves, and from the peculiar alteration in the pulse. This case again shows that in attacks simulating gastro-enteritis and cholera, Tartar Emetic may be homœopathically indicated, even if the nervous character of the attack is a prominent feature in the case before us.

There are cases where a group of cholera symptoms is produced by a very small dose of Tartar Emetic. In the London Lancet a case of pneumonia is reported where the patient, a delicate and strumous man, after having been bled, was put on the use of Tartar Emetic, one third of a grain every four hours. About half an hour after the first dose the patient became restless, cold and faint, then purged and vomited, the symptoms continuing violently without cessation. There was extreme prostration, the pulse was small, the surface cold, and the legs were cramped. The pain in the chest was not felt during these symptoms. Opiates and brandy restored him.

A case of this kind is not altogether a fair illustration of the effects of a small dose of Tartar Emetic; for it may be presumed that the reactive energies of the organism must have been generally prostrated; nevertheless it may afford us an approximate proof that small doses of a drug, in highly sensitive organisms, may produce great effects generally, and that small doses of Tartar Emetic may do so in particular.

Another case is reported in the London Lancet, where a still smaller dose was administered to a stout, active, well-built man for a cold. He took 15 drops of antimonial wine at bed-time in order to perspire. The nausea which ensued was excessive, and the prostration extreme; the patient was unable to leave his room for three or four days; there was no purging, but colicky pain, griping, faintness and general exhaustion.

These symptoms do not point to cholera or gastro-enteritis; but they lead us to infer that Tartar Emetic may be an eminently useful agent in

Gastrodynia, Hahnemann once effected a marvellous cure of this dreadful disorder by administering Veratrum; it may be your good fortune to derive similar brilliant results from the use of Tartar Emetic.

In Frank's Magazine another case of poisoning by Tartar Emetic is reported where the symptoms resemble gastro-enteritis of a violent kind. Twenty to twenty-five grains of Tartar Emetic were taken by mistake; in a few minutes there was insufferable feeling of warmth in the epigastrium, then violent pains in the forehead like clavus hystericus and some dizziness; in half an hour moisture on the forehead and nape of the neck; vomiting for 20 or 30 minutes; the headache, dizziness and redness of face increased; after taking a dose of Castor-oil, the burning feeling in the stomach and small intestines increased to such a degree that he became very restless; the pulse weak, 80, tongue white, throat dry, taste unpleasant; inclination to sleep; next day, his mouth was very sensitive, the gums bled, with a slight spongy appearance like scurvy, lasting two days.

This is a most interesting case which reveals therapeutic powers of a peculiar order. The symptoms in this case resemble those of the fatal case reported by Récamier. They show that Tartar Emetic may serve us in gastrodynia, in cholera-morbus and gastro-enteritis when the nervous symptoms, prostration, dizziness, pain in the head, are prominent indications. Even in nervous headache, with the sensation as if a nail were sticking in the brain, Tartar Emetic may be found indicated, provided the constitutional symptoms, more particularly the symptoms of gastric disturbance, and the general prostration correspond.

From this case we likewise learn that Tartar Emetic is adapted to *Stomacace* with bleeding and sponginess of the gums. Considering that Tartar Emetic causes profuse salivation, we may consider this agent as exceedingly qualified to arrest mercurial ptyalism.

Beside these toxicological effects we have provings by Dr. Jankovich of Buda, Hungary. He prepared a solution of 12 grains of Tartar Emetic in three ounces of water, of which he took a spoonful every hour. After the first spoonful he was attacked with dizziness and nausea; after the second dose he experienced a shudderdering over the whole body, cold sweat, nausea, retching, disposition to vomit; after the third dose violent præcordial anguish; two paroxysms of vomiting of quantities of mucus and bile, rumbling

in the bowels without pain or discharge; the skin was continually covered with profuse sweat; there was a copious flow of saliva; the prover felt somewhat thirsty, and had to drink small quantities of water. He felt so weak that he was unable to rise from the sofa. After the fourth spoonful he had frequent attacks of nausea, vomiting, and a discharge from the bowels. The fifth dose was followed by such a perfect listlessness and indifference to everything that death itself seemed an indifferent event at this period. The pulse was considerably retarded. He had now taken one fourth of the medicine, 4 grains, but was seized with such an aversion to the drug that he was unable to continue his provings. He took some broth; the nausea, rumbling in the bowels, apathy and sweat continued all night, but in the morning he was quite well again.

These provings would seeem to show that the nerves of the stomach experience the first shock of the poison, especially when administered in moderately small doses, and that the alvine derangements set in subsequently to the nausea and vomiting. Very large doses may at once develop cathartic effects without any symptoms of nausea. Years ago, when travelling in Texas, I once swallowed, inadvertently, a teaspoonful of Tartar Emetic, it could not have been less than 20 grains. The effect was tremendous; no nausea or vomiting, but watery discharges from the bowels which seemed to be propelled or expelled with a tremendous force taking their point of departure from the pharynx, and continuing with a rolling noise down the œsophagus and through the whole intestinal tract, as if the bowels would be torn out. These discharges lasted off and on for a whole day. The probability is that the Tartar Emetic was adulterated with Magnesia, else the effect might have proved more obstinate and lasting.

The characteristic effects of the drug may likewise be elicited by means of endermic applications. These endermic effects are procured with more certainty by first boiling the emetic in water and precipitating it by the addition of alcohol, after which it may be combined with lard into an ointment. If the Tartar Emetic is rubbed up with the lard without having been previously boiled in water and afterwards precipitated from the watery solution by means of alcohol, the vomiting and diarrhœa may not take place, and the irritating action of the poison may be confined to the epidermis, where pustules make their appearance which resemble in all respects the ordinary small-pox pustules.

The application of Tartar Emetic ointment to the epidermis has very frequently occasioned disastrous consequences.

In the case of a little girl, of 6 years, who was afflicted with whooping cough, the ointment was rubbed on the vertex and breast, after which the characteristic pustules made their appearance. Ulceration with discharge of profuse quantities of pus was the result. This suppurative process continued to spread in spite of all antidotal treatment with quinine, chlore, etc., until the child died.

A young man who used the ointment against a catarrh, was attacked with a cartilaginous growth upon the chest. In extent and form it resembled the spread hand of a stout man, had a uni-

form thickness of from 8 to 10 lines, and irregular margins. It extended from the middle of the sternum laterally as far as the costal cartilages, with which it seemed closely united. The surface of the cartilaginous formation was shining, and had the general appearance of a cicatrix of several months' standing. It was a dense, firm, cartilaginous tissue, causing a good deal of itching when the body was heated, but otherwise painless when rubbed or pressed upon. Subcutaneous vessels might be seen traversing the mass. The cartilaginous degeneration arose from the use of the ointment having been continued even after the well-known pustules had made their appearance. The severe inflammation and swelling which ensued rendered the further use of the ointment impossible. No means being used to combat these alarming symptoms, the consequence was the cartilaginous degeneration alluded to.

Dr. Krebs has frequently seen urinary difficulties arise from the use of the ointment in whooping cough.

A scrofulous child, of 2 years, had the ointment applied to the scalp, in consequence of which the occipital portion of the scalp was transformed into a black, fetid, gangrened mass. The gangrened portion of the scalp gradually sloughed off, and the child recovered.

A young lady was attacked with intense præcordial anguish and utter inability to move in consequence of the application of the ointment to the epigastric region. The first effect of the ointment was a syncope of two hours' duration, which was followed by an anguish in the præcordia lasting six hours.

Dr. Bertini relates that, twenty hours after the application of a Tartar Emetic plaster to the abdomen the patient was attacked with violent chills, intense pains in the bowels, attended with serious diarrhœa, tenesmus, and a violent fever lasting two days. The symptoms were subdued by emollient injections and poultices. A pustulous eruption on the abdomen had likewise broken out.

We have abundant testimony to prove that Tartar Emetic is homœopathic to

Small-pox, by which we mean that it develops an eruption which resembles the small-pox pustule. In the London Lancet, the case of an Essex farmer is reported who took Tartar Emetic in half grain doses every three hours, while suffering under acute pneumonia. A pustular eruption made its appearance over the whole body, which was mistaken by his friends for small-pox.

Frank, in his magazine, reports the case of a man suffering with pneumonia, who took ten grains of Tartar Emetic in solution in thirty-four hours; about twenty-four hours after the last dose an eruption appeared which resembled in the closest particulars that produced by Tartar Emetic ointment; it consisted of pimples and vesicles which increased rapidly in size and filled with pus in two days; they were surrounded with a red base and resembled closely mature pustules of small-pox or smaller pustules of cow-pox. They were exceedingly painful, but most of them dried up in a few days, and formed crusts; a few became larger than the others, and then

resembled the pustules of ecthyma. The eruption commenced on the inner surface of the right fore-arm, then spread over the whole back, where the pustules were both isolated, grouped and confluent. Neither vomiting, purging, nor perspiration was caused by the drug. The pneumonia was rapidly cured, together with a fever and ague, and consequent dropsy with which the patient was also troubled.

Is Tartar Emetic homœopathic to small-pox? We know that it produces an eruption which resembles the small-pox pustule: but is this similarity of the Tartar Emetic eruption to the small-pox pustule sufficient to establish the homœopathicity of Tartar Emetic to the small-pox disease? I think not, unless the whole physiological process of which the Tartar Emetic pustule is the ultimate termination, is analogous in its essence to the pathological process of which the small-pox pustule is the ultimate boundary. The mere external resemblance of one eruption to the other might deceive us as regards the internal or real homœopathicity of the drug to the disease. Does Tartar Emetic develop its pustules in the same order as small-pox develops its eruption? If it does not, Tartar Emetic cannot be said to be homœopathic to small-pox. This remark applies with equal force to the use of Pulsatilla in measles, Belladonna in scarlatina lævigata, Sulphur in scabies, Aconite in purpura miliaris. Furthermore, if Tartar Emetic is homœopathic to small-pox in the same sense as the vaccine virus is known to be, it should not only be possessed of curative, but likewise of prophylactic virtues in this disease. We have testimony to offer showing that Tartar Emetic is a preventive of small-pox, and possesses the power of neutralizing, to some extent at least, the malignant character of this disease, and more particularly of protecting vital organs and the inner mucous lining from the disorganizing action of the small-pox virus. Heretofore the only known agent which is truly homœopathic to small-pox, or, in other words, which is capable of developing in the organism a morbid process analogous to that of small-pox, was supposed to be the vaccine virus; hence the vaccine virus, or vaccinine was looked upon not only as a prophylactic, but also as a true specific curative agent in small-pox.

The later experiments of Dr. Lichtenstein of Brunswick in Germany seem to show that the course of the Tartar Emetic pustule is in all respects analogous to that of the small-pox pustule; he infers this from thirty-one cases of patients who were vaccinated and revaccinated with the lymph of the Tartar Emetic pustule, and where the same eruption was reproduced by means of this process of inoculation.

Dr. Liedbeck of Stockholm states that he has never seen a case of small-pox terminate fatally when treated with Tartar Emetic in small doses. He gives it in doses of one-half to one grain, dissolved in a pint of water, administered in tablespoonful doses every fourth hour. Dr. Liedbeck likewise suggests the propriety of substituting Tartar Emetic for the cow-pox virus. Froriep, in his Notices, states that tartarized Antimony in large doses has produced dryness, heat and redness in the throat, as also an internal eruption; large pus-

tules, with depressions in their centres, were found in the mouth, throat, larynx and trachea.

Tartar Emetic may prove very successful in certain forms of *Angina.* Tartar Emetic is known to have caused continual spitting, aphthous ulceration of the tongue, pseudo-membranous depositions upon the bucco-pharyngeal mucous membrane, erythematous or sometimes pustulous inflammation of the throat; these symptoms are sometimes induced by comparatively small doses of Tartar Emetic. In affections of the mouth and throat, where the symptoms occur, such as in diphtheritic angina, mercurial ptyalism and scorbutic affections of the mouth, Tartar Emetic may prove eminently useful.

Trousseau and Pidoux and other therapeutists assert that these effects of Tartar Emetic upon the lining membrane of the throat, are the result of a local irritation of the poison. This agent should undoubtedly not be depended upon in an affection of this kind, unless the general constitutional symptoms point to its use.

We have already alluded to the powerful effects of Tartar Emetic upon the nervous system, and to its homœopathicity to certain forms of

Delirium tremens. One of our practitioners, Dr. Moore of Liverpool, recommends it very strongly as one of our powerful antidotes to delirium tremens; prominent indications are nausea, vomiting and purging, trembling and cold perspiration; furious delirium may be succeeded by prostration.

In my judgment the signs of cerebral irritation do not indicate Tartar Emetic, unless they can be traced to some deep-seated, primary irritation of the nervous plexuses upon which the functions of the stomach and small intestines depend. According to Dierbach and other observers, Tartar Emetic, when introduced into the stomach, first acts upon the cœliac plexus through the mucous lining of the stomach, whence the impression is communicated to the cardiac plexus, to the pneumogastric nerves, and to the ganglionic system generally, which is depressed and semi-paralyzed by the action of the poison. According to this theory it would seem that the signs of cerebral irritation emanate secondarily or sympathetically from the ganglionic centers, and that in primary diseases of the brain, Tartar Emetic is not in its place as a homœopathic agent. If, therefore, Dr. Gray of New York recommends Tartar Emetic in

Apoplectic Headache, with ineffectual retching, collapse of pulse, coldness of the extremities, these indications can only be deemed reliable in case the comatose condition of the patient can be traced to a primary irritation of the cœliac plexus through the mucous lining of the stomach.

It is fair, moreover, to observe that in the fatal case reported by Dr. Récamier, the brain exhibited decided symptoms of disorganization. The dura mater was found ossified about an inch and a half in diameter; the arachnoid membrane was found thicker and uni-

formly red; signs of recent inflammation were found on that portion of the membrane which covers the anterior lobes of the brain; exudation of a serous liquid tinged red, particularly at the base of the skull; the substance of the brain was softer than usual; the left ventricle contained four or five spoonfuls of a transparent and colorless serum; the right ventricle contained less of a similar fluid.

It seems improbable that this disorganized condition of the brain and its membranes can have been exclusively the result of the Tartar emetic; there must have been previous disease and a condition of cerebral weakness induced by previous inflammation or injuries of some kind. Under these circumstances it seems impossible to decide how far the existing symptoms revealed by the post-mortem examination, were the result of primary or sympathetic poisoning.

If Tartar Emetic is capable of causing spasms and convulsions, we may find it indicated in spasmodic affections of the nervous system.

In Frank's Magazine we find some very fine cures of

Chorea effected with Tartar Emetic.

A girl, aged fourteen, had suffered for five weeks with chorea in an extreme degree, which had resisted all the usual narcotic remedies; she was emaciated to a skeleton, and suffered the most frightful tonic, but more especially clonic cramps, which persisted night and day, almost without cessation. Tartar Emetic was given in half-grain doses every three hours; not the least nausea or vomiting was caused, but obstinate constipation was relieved; in twenty-four hours the cramps were lessened, and ceased entirely in two days; the remedy was continued for ten days, when the patient was perfectly well and blooming.

A boy, aged eight, had suffered with chorea for six weeks; he was not even free from it during sleep; he had just had chicken-pox and had taken cold; Tartar Emetic ointment applied to the spine cured him quickly.

A girl, aged twelve, who had grown very rapidly, and had been subject every autumn for five years to an eruption on the face and forehead, was attacked with St. Vitus' dance after the eruption was suppressed; she had already suffered for seven months, and almost every remedy had been tried without success. Tartar emetic ointment was then rubbed upon the nape and upon the inside of both arms; improvement commenced within eight days after the Tarter Emetic pustules appeared, and she was quite well in four weeks; the cure was still permanent at the end of one year and a half.

A boy, aged twelve, who had suffered for a long time with St. Vitus' dance, and the most wonderful convulsions occurring every morning at nine o'clock, was cured by the application of Tartar Emetic ointment to the pit of the stomach, where he always felt premonitions of the approaching attacks.

There is no reason to suppose that, if Tartar emetic had been administered internally in these cases, a cure would not have been

effected equally as well and as permanently. At first blush it would appear as though the drug had been used in two of these cases upon principles of revulsion or counter-irritation. This may have been in the mind of the practitioner, but the nature of the cases would have justified the use of Tartar Emetic in accordance with the law "*similia similibus.*"

In *Bilious* and *Gastric fevers,* with nausea, vomiting of bile, white-coated and moist tongue, metallic taste, headache, lassitude and debility, it is recommended by Dr. Leon as excellent. Dr. Gray recommends it in the malarious bilious remittent fevers of our country. Dr. Leon (of New Orleans) prescribes it in

Yellow fever for: nausea, vomiting, sense of sinking at the stomach as if the patient would die, prostration, white fur on the tongue, profuse cold perspiration, rapid and weak pulse, drowsiness and disposition to go to stool. Dose: one grain of first trituration in six ounces of water, in desert-spoonful doses.

By contrasting the pathogenetic effects of Tartar Emetic with corresponding pathological conditions, we obtain the following therapeutic tableau which we will consider under our usual categories.

1. CEPHALIC GROUP.

Delirium tremens, as shown by Dr. Moore.

Apoplectic conditions of the brain, with retching, for which Dr. Gray recommends Tartar Emetic in doses of one-sixtieth of a grain.

Clavus hystericus, as shown by Frank's case.

Metastatic Hydrocephalus, where it is recommended by Noack and Trinks both internally, and externally as an ointment applied to the head. Success can only be expected in this treatment in case the hydrocephalus arises from the spontaneous suppression of small-pox. The ointment may be rubbed upon the scalp, which has to be previously shaved, and internally the hundredth part of a grain may be given in twelve tablespoonfuls of water, a tablespoonful every hour or even more frequently.

2. NERVOUS GROUP.

Lockjaw. Doctor Carron, a French physician, reports a case of poisoning with Tartar Emetic, in the Journal Général de Médecine, 1811, where a woman who had taken twenty grains of Tartar emetic, was attacked with dreadful pains, incessant vomitings, spasmodic locking of the jaws and convulsions. A very strong infusion of bark with opium appeased the vomiting; but she preserved a state of irritability of the stomach which never ceased entirely, and could only be moderated by the habitual use of milk and mucilaginous substances.

An attack of this kind may occur in consequence of some violent irritation of the stomach or small intestines by indigestible food, bile, worms. I would commend Tartar Emetic to your attention in the case of children who are frequently exposed to paroxysms of

this kind. If the drug cannot be given internally, it is perfectly proper to rub a weak solution or ointment upon the epigastric region.

Chorea. As an antispasmodic agent, we may use Tartar Emetic in chorea, especially when the attacks originated in suppressed chicken-pox or ecthyma, or commence with premonitory symptoms in the epigastric region. You will find several cases of this disease reported in my materia medica, where a cure was effected by rubbing the Tartar Emetic ointment either upon the spine or upon the epigastrium.

It is perfectly proper to administer the homœopathic agent by the skin, if it should seem most conducive to the end intended. This does not justify the indiscriminate application of salves or washes to sores or eruptions, for the purpose of drying them up or driving them in. No reasonable practitioner will make himself guilty of the insane proceeding of arresting a discharge or drying up a chronic sore, that had become necessary to the preservation of health or even life. Even in these cases an agent which is truly homœopathic to the cutaneous disorder may be applied externally at the same time as we administer it internally. Hahnemann himself has set us an example of such treatment. He has cured chronic syphilitic and scrofulous sores by the external use of corrosive sublimate washes; we have cured glandular swellings, goitres and polypuses by applying to them the iodide of mercury; we apply the tincture of iodine to buboes, condylomata; we treat vesicular scabies with the sulphur ointment. All such external applications are perfectly justifiable in homœopathic practice, as long as we are satisfied that the remedial agent is in true homœopathic rapport with the disease. In many cases the external use of the drug may not only be advantageous, but absolutely necessary to a cure. In the cases of chorea which I have extracted from Frank's Magazine, it is more than probable that the ointment was applied as a revulsive or counter-irritant agent, but it is likewise certain to my mind that its admirable curative effects depended in reality upon its homœopathicity to the existing disease.

Spasmodic Dysphagia may yield to Tartar Emetic which is capable of producing a similar condition. In Orfila's toxicology the case of a man is reported, who, after having swallowed a large dose of Tartar Emetic, was attacked with dreadful vomiting, and a gradual closing of the œsophagus, so that not a drop of liquid could be swallowed. The muscles of the neck were involved in the spasm. The face and eyes looked red, and every attempt to raise the head, resulted in violent vertigo, so that the patient had to replace his head upon the pillow. He was relieved by leeching the neck, frictions of opium on the neck, warm baths and other means. A spasm of this kind may be attended with acute pain in the œsophagus.

Similar symptoms were observed in the case of a child ten years old, to whom one grain of Tartar Emetic had been given. Half an hour after taking the drug, the child experienced a spasmodic difficulty of swallowing, and severe pain in the throat. Leeches calmed the spasm; vomiting had to be arrested by means of twenty grains of ipecacuanha.

We therefore recommend Tartar Emetic in *Paroxysmal Dysphagia* characterized by inability to vomit, spasmódic constriction of the œsophagus and throat, pain in the throat, congestion of the cervical and cerebral vessels.

Buccal and Facial Groups.

Among the poisoning effects of Tartar Emetic, we distinguish very frequently a profuse flow of saliva which is sometimes fetid and ichorous. Hence we are prompted to sometime prescribe this drug for

Mercurial Ptyalism, to which it is rendered still more homœopathic by the sponginess and bleeding of the gums, which likewise constitute symptoms of Tartar Emetic action. These effects justify the use of Tartar Emetic in the

Stomacace, which may befall cachectic or strumous children or full-grown people. This stomacace or scorbutic inflammation may sometimes assume the form of a fully-developed

Angina Diphtherica, with ptyalism, swelling and redness of the soft palate and pharynx which are studded with vesicles, and lined with a tenacious mucus. An angina of this kind may meet its homœopathic type in Tartar Emetic, if the gastric symptoms likewise point to its use. The voice may be somewhat altered, in some cases weaker and rougher than in its normal state. Trouseau and Pidoux attribute the angina occasioned by Tartar Emetic to its mechanical action upon the lining membrane of the throat. If this supposition be correct, Tartar Emetic may not prove a very efficient agent in angina, except perhaps in the angina of cachectic or scorbutic individuals, where it develops itself as a condition incidental to such a state of gastricism as I have described before. In such forms of stomacace or angina as point to Tartar Emetic as their homœopathic simile or type, we may find it useful to gargle the throat with a weak solution of Tartar Emetic. In the

Purulent Ophthalmia arising from the development of small-pox pustules in the eye, Tartar Emetic may be of great use to us.

CHYLO-POIETIC GROUP.

Tartar Emetic makes deep inroads upon the digestive system. Poisonous doses sometimes entail upon the patient permanent weakness of the stomach, which may be characterized by an inability to retain anything upon the stomach except milk and mucilaginous drinks. This was the case with Dr. Carron's patient, to which allusion has been made previously. Hence we may prescribe Tartar Emetic in

Irritability of the Stomach which may be induced by over-eating or over-stimulation by strong drinks.

In *Chronic Gastritis* characterized by pricking pains in the region of the stomach, as if the stomach were pricked with needles, Tartar Emetic may prove very valuable. These pricking pains have been experienced by persons who had been poisoned with Tartar Emetic,

months after the poisonous symptoms had been subdued. They may indicate a purely nervous irritation of the stomach, and may therefore be considered as a case of

Gastrodynia or likewise of *Nervous Dyspepsia.* Irritable stomach or complete anorexia may co-exist with such pains.

Acute paroxysms of Gastrodynia to which Tartar Emetic is homœopathic, are characterized by extreme prostration, cold sweats, feeble pulse, colicky pains in the bowels, or crampy, burning distress in the stomach and duodenum, retching and nausea.

In *Gastritis,* Tartar Emetic will sometimes prove available. In fatal cases of poisoning by Tartar Emetic, the stomach has been found filled with a thick bloody mucus; the mucous membrane of the stomach has been found intensely inflamed, and corroded throughout its whole extent, especially at the fundus of the stomach; at the same time it looked spongy and might be readily detached from the muscular coat. The duodenum has been found similarly affected. The lining membrane of the remainder of the intestinal tract had a grayish appearance and was found more or less spongy. A patient attacked with this severe form of gastritis would exhibit symptoms like the following: severe retching and vomiting, crampy, burning distress, bloating in the epigastrium with excessive sensitiveness to contact, violent thirst, coldness of the skin, with cold sweat, and thin, hurried pulse, expression of agony in the features. Tartar Emetic may be administered every half hour in doses of one hundredth of a grain.

A severe form of gastritis may be superinduced by the metastatic transfer of the small-pox eruption to the coats of the stomach. Both Arsenic and Tartar Emetic may be required in such a case.

Gastro-enteritis does not properly come within the curative range of Tartar Emetic. This agent causes violent pinching, crampy pains, and violent discharges from the bowels, sometimes attended with distressing tenesmus. These symptoms undoubtedly point to a violent irritation of the intestinal lining membrane, but the co-existing coldness of the skin and the exhausting sweats do not justify the inference that this irritation is of an inflammatory character. In fatal cases of poisoning by Tartar Emetic, the mucous lining of the stomach has indeed been found inflamed, but the lining of the lesser intestines had a grayish appearance and was found more or less spongy. These alterations are described with much accuracy by Dr. Engel of Vienna.

According to his observations, fatal doses of Tartar Emetic cause hypertrophy of the intestinal follicles, and change the mucous membrane to a pale, dry, pultaceous mass. It is therefore evident that in true inflammatory conditions of the intestinal mucous membrane, Tartar Emetic is not applicable as a homœopathic agent, but that it may prove of decided advantage in degenerations of this organ which set in with violent diarrhœa, consisting of watery and mucous discharges, attended with extreme prostration, depression of the pulse and vital heat.

In *Cholera Morbus* or *Asiatic Cholera* Tartar Emetic may prove serviceable. We have seen that a poisonous dose of Tartar Emetic

may induce vomiting and diarrhœa, cramps and burning at the stomach, cramps in the calves, collapse of pulse, prostration and coldness of the skin. These symptoms undoubtedly determine a certain degree of homœopathicity of Tartar Emetic to cholera. However, it may be proper to modify this teaching. If cholera morbus is the result of rheumatic exposure, or of miasmatic influences, Tartar Emetic may not be indicated; Aconite and Arsenic may be required. The determining cause of an attack of cholera to which Tartar Emetic is homœopathic, may be a fit of indigestion arising from the use of improper, indigestible food. Hence in miasmatic, endemic or epidemic cholera, Tartar Emetic may fail us; Aconite, Arsenic, Veratrum may be required.

URINARY GROUP.

We have seen that an ointment may induce dysuria, perhaps only in cachectic individuals.

SEXUAL GROUP.

We have seen that Antimony causes pustules on the sexual organs hence Tartar Emetic has been supposed to be useful for

Pustules on the Vulva; these indications, however, should be received with a great deal of caution. According to the testimony of eminent observers, these eruptions on the sexual organs may not be the result of absorption, nor of the dynamic action of the poison through the ganglionic system; but they may be caused by the inadvertent application of the Tartar Emetic ointment to these parts. If this should be the case, it would be absurd to hope for much success in the treatment of these eruptions by means of the internal use of this agent.

In *Leucorrhœa*, of a sanious or watery character, especially in the case of females with impoverished constitutions, Tartar Emetic may prove useful.

7. CATARRHAL GROUP.

Under this head we may remark that Tartar Emetic is used by homœopathic physicians for

Influenza and *Croup*. Dr. Gray of New York recommends this agent very strongly for influenza. But the use of this drug, as recommended by Dr. Gray, is altogether empirical; the symptoms of influenza do not furnish any indications for the employment of Tartar Emetic in influenza as a homœopathic agent; its use can only be predicated upon the basis of revulsion and crude empiricism.

Influenza is essentially a disorder of the delicate capillaries ramified over the mucous surfaces. The character of this disorder is torpor. The attack sets in, to quote Dr. Gray's very accurate description, with "chilly feelings, headache, pasty tongue, inflammation of the throat (tonsils, arches of the palate or pharynx), short turns of nausea, aching in the bones, especially of the lower extremities, yel-

lowness of the skin, slight hoarseness, more or less fever-heat and sweats." These symptoms do not indicate Tartar Emetic, but Aconite. Aconite is the chief remedy in our Materia Medica which affects the mucous lining of the respiratory and chylo-poiëtic systems, as we know it to be affected during the first stage of influenza. There is no sort of necessity of giving five or six drugs in a case of this disease. At the outset Aconite is not only required by the symptomatic indications, but also by the pathology of the case. Tartar Emetic acts as a revulsive agent in influenza, a mode of practice which homœopathic physicians should not countenance in case where strict homœopathic treatment is not only possible, but infinitely superior.

However, the specific homœopathic rapport of Tartar Emetic to influenza alone determines its curative influence in this disease. Herschel gives the following group of symptoms as characteristics of the epidemic influenza of 1834, in Germany:

Rheumatic pains in the limbs and extremities; stitches in the chest; oppression on the chest, relieved by expectoration; irritation inducing cough, with moist serous-albuminous expectoration; racking cough, especially at night, causing frontal headache and racking the chest; aphthæ around the mouth; thick, white or bilious coating of the tongue, with hawking up of mucus; nausea, vomiting, pasty or bitter taste, anorexia, not much thirst, empty feeling in the stomach; pressure, stitches, bloating of the hypochondria, especially of the region of the liver; diarrhœic stools consisting of mucus, not copious; oppressive frontal headache, with vertigo, stupefaction, dullness of the head, slight delirium, weary feeling as from want of sleep, yet there was no sleep; apathy alternating with nocturnal restlessness; exhausted feeling in the limbs, as if proceeding from the back; stiff neck; pulse small, nervous; chilly creepings with copious sweats. Tartar Emetic often sufficed alone.

In *Croup,* Tartar Emetic has been administered in this country and in Europe for many years in combination with squills and senega. This compound has acquired a world-wide reputation under the name of Coxe's hive syrup, or mel scillæ compositum. It is given at the commencement of croup and whooping-cough, and acts as an expectorant and emetic. In these diseases Tartar Emetic is administered upon the principle of revulsion and counter-irritation; hence we have no use for it in croup where Aconite, Spongia, Iodine, and other preparations act with far more directness and certainty in conformity with the homœopathic law.

PULMONARY GROUP.

In *Inflammation of the lungs,* various antimonial preparations, and more particularly Tartar Emetic, are considered by Old-School physicians as their main reliance in dispersing the engorgement of the pulmonary tissue. The use of Tartar Emetic in pneumonia has been carried by the Italian physician Rasori to an extent which almost borders upon criminal recklessness. Rasori is known as the

chief advocate of the contra-stimulating method of treatment, by means of which a cure is supposed to be effected by exciting an artificial and more powerful stimulation in the tissues adjoining the affected organ, or in the organ itself, or in the organism generally. I have stated that large doses of Antimony diminish the beats of the heart and the number of inspirations; hence Old-School physicians employ it in pneumonia as a sedative, although it, at the same time, holds the first rank among the counter-irritants. In order to enable the drug to spend its full force on the lungs, Rasori contrived the method of giving Tartar Emetic until the stomach *tolerated*, as it was termed, large doses of the poison without any of the ordinary symptoms of nausea and vomiting. He gave it in enormous doses, as may be seen from the following cases:

"A young man was received in the Clinique of Rasori, April 5th, 1809, who had labored for four days under symptoms of pneumonia, for which he had been bled and cupped on the side; pulse hard and wiry; cough, with pain in the right side of the thorax (*Bled, Tartar Emetic* 24 grs.,) 6th inst., vomited twice (*Tartar Emetic* 48 grs.) Evening. Great augmentation of cough and pain; expectoration tinged with blood; pulse vibrating; six alvine evacuations (*Tartar Emetic* 48 grs.) 7th inst., in the morning (*Tartar Emetic* 72 *grs.*) Evening. Exacerbation of fever, of cough and of pain; frequent vomiting; six dejections. (*Tartar Emetic* 72 *grs., blood-letting*). 8th day: Same symptoms. (*Tartar Emetic* 144 *grs., bleeding*). Evening. Vomiting, with increase of symptoms. (*Tartar Emetic* 144 *grs., bleeding*). 9th day: Frequent vomiting, respiration a little difficult; pain moderated; feeling of oppression referred to the epigastrium; great muscular weakness; skin dry and hot; tongue dry. (*Tartar Emetic* 72 *grs., blood-letting*). Evening. Repeated vomiting. (*Tartar Emetic* 36 *grs., blood-letting*). 10th day: Vomiting less frequent; the other symptoms continued. (*Tartar Emetic* 36 *grs., blood-letting*). 11th day: Respiration calm, no pain, but little cough; the patient could take a full inspiration, but could scarcely speak; pulse small, compressible, unequal; skin dry and hot; tongue dry; frequent vomiting, with intense thirst. (*Tartar Emetic* 36 *grs., blood-letting*). Evening. (*Tartar Emetic* 36 *grs.*) 12th day: (*Tartar Emetic* 36 *grs., blood-letting*). The patient died the following night. Upon examining the body, some hepatization was found in the right lung. Every thing else was in a state of integrity."

"Another person, aged twenty-seven years, who had been complaining for three days of cough, spitting of blood and difficult respiration, was admitted into Rasori's Clinique on the 5th of April, 1809. From the 5th to the 11th, in the space of six days, he was bled ten times and took eight hundred and twenty-six grains of Tartar Emetic. On the sixth day he died." It seems needless to add that these patients were destroyed by this murderous treatment.

See, Gentlemen, upon what a frail basis the counter-stimulant treatment of pneumonia, which is still advocated by a majority of the leading practitioners of the dominant school, rests. Magendie

showing that Tartar Emetic possesses the specific power of causing pulmonary engorgements; other experimenters equally skilled and conscientious denying this doctrine. If Tartar Emetic causes pulmonary engorgements, upon what principle is it administered in pneumonia? Upon the principle that the engorgement caused by Tartar Emetic will absorb the natural disease. But can it be supposed that a lung which has been prostrated by disease, will have sufficient reactive energy left to free itself from the poisonous effects of a thousand grains of Tartar Emetic? Let common sense, let a common feeling of pity for a poor, helpless sufferer answer.

Dance, in a work where the action of Tartar Emetic in pneumonia is rigorously but conscientiously inquired into, comes to the conclusion that Tartar Emetic, if it has not done positive injury, has not done any good in the cases which this agent is reported to have cured; he argues that the cure was owing to bleeding. Yet Tartar Emetic is given even by those who deny its specific relation to the pulmonary tissue, upon the principle of revulsion, derivation or counter-irritation. They physic with it the bowels and the stomach, with a view of carrying off or counter-acting the pulmonary irritation. This is Broussais' and Chomel's theory.

Trousseau and Pidoux again reject this hypothesis, and give Antimony antipathically as a depressor of the pulse.

Is Tartar Emetic of any use to a homœopathic physician in the treatment of pneumonia? I have already told you that the action of Antimony upon the lungs is deficient in those characteristic signs which inevitably mark the existence of sanguineous engorgements. The symptoms obtained by our provings are too vague to yield any definite indications for the use of Tartar Emetic in pulmonary diseases. It might perhaps be used with advantage in some cases of pneumonia during the stage of resolution, in order to facilitate expectoration; but I am inclined to think that, as we shall become more thoroughly skilled in the use of Aconite, Phosphorus, Arsenic and other agents, the use of Tartar Emetic in pneumonia will be restricted more and more even by Old-School practitioners.

Even Pereira remarks, that "in cases of poisoning by this substance, no mention is made of difficulty of breathing, cough, pain or other symptoms which could lead to the suspicion that the lungs were suffering."

We have used Tartar Emetic with apparently favorable results in cases of *Cough*, induced in accordance with Virchow's hypothesis, by the detachment and deposition, through the general current of the circulation, of little clots of purulent matter, inducing secondary irritation, inflammation and suppuration of the mucous surfaces. In a case of scrofulous periostitis, where the whole substance of the thigh seemed converted into one abscess, the lungs became involved either by nervous agency or in accordance with Virchow's theory; the patient was continually troubled with a hacking cough, and frequently raised pus and blood. The cough was exceedingly painful. Tartar Emetic controlled these symptoms very speedily.

FEVER-GROUP.

We have seen that Dr. Leon recommends Tartar Emetic in a certain stage and for certain forms of yellow fever. In

Malarious Bilious remittent fevers, and in

Gastric and *Mucous* fevers, with tendency to prostration, anorexia, styptic taste in the mouth, dryness of the throat, nausea, retching, spasmodic vomiting, watery and slimy discharges, or costiveness with soreness and heat in the small intestines, compressible and rather hurried pulse, cold and clammy skin, Tartar Emetic may prove of great use.

EXANTHEMATOUS GROUP.

Small-pox and Ecthyma. Ecthyma may sometimes result from simple inflammation of the subcutaneous tissues, in which case Aconite may often suffice to effect a cure.

MENTAL GROUP.

Tartar Emetic may induce excessive apathy and præcordial anguish; hence these conditions may be regarded as additional indications for its use.

In regard to the antidotal treatment in a case of poisoning, the first thing we have to do is to procure, if possible, the evacuation of the poison. To this end the patient may drink tepid water or a few tablespoonfuls of warmed sweet oil. The poison is antidoted by Peruvian bark, tincture of galls, green tea, coffee, or any substance which contains a good deal of tannin. Tannin forms with Tartar Emetic an insoluble tannate.

Another antimonial preparation which we use in our practice, is

Antimonial Wine,

This is prepared by dissolving 40 grains of Tartar Emetic in eight ounces of warm distilled water, and afterwards adding as much pure madeira to the solution. Instead of wine, alcohol had better be used. The tannin which is sometimes contained in the wine, neutralizes to some extent the virtues of the solution. It may be used in cases of whooping-cough and spasmodic cough generally when there is profuse expectoration of tenacious phlegm.

Other antimonial preparations, such as *Antimonial Glass, Kermes mineral* and the golden *Sulphuret* of *Antimony* are not used by homœopathic physicians. The effect of all antimonial preparations being the same, except somewhat different in degree, we can get along with the three which I have described, by graduating them according to our well-known rules of potentization.

We may mention, however, the

Muriate of Antimony,

Also termed Antimonial Butter. This is a caustic solution, having poisonous properties. A boy swallowed a teaspoonful of it, and was immediately seized with retching and ineffectual attempts to vomit, loss of voice. Dr. Houghton, who reports the case, found the face pale and collapsed, eyes sunken, pupils dilated and immovable; skin pale and cold; tongue clean; mouth filled with a tenacious, transparent mucus; nausea; vomiting; pulse small, 80; breathing labored; drowsiness; burning pain in the stomach. It is used as an escharotic in a case of figwarts and callous ulcers. We may apply it to figwarts around the anus.

LECTURE XV.

ARNICA MONTANA,

(*Mountain Arnica, Mountain Tobacco.*)

Professor Thomas D. Mitchell of Jefferson College, says of this interesting and highly useful agent: "We have many articles equally safe, and decidedly superior, and hence the discredit into which it has fallen. It is one of the many things that will do no harm, in moderate portions." He also says: "The advocates of Homœopathy often speak of Arnica as one of *their* remedies; not aware of its antiquity, some of them make a hobby of this *old novelty*."

The good Professor who seems to have constituted himself a knight-errant in the childish crusade which some pertinacious conservatives of the dominant school are still waging against Homœopathy, is mistaken at all points. It is not true that there exists a single agent in nature which is endowed to the same extent as Arnica witht he property of restoring the contused or lacerated muscular fibre to a normal condition; it is not true that homœopaths claim Arnica as one of *their* remedies: they simply claim the honor of having rescued from unmerited oblivion this highly useful drug, and of having introduced it into every well-organized pharmacy in Christendom; and lastly it is not true that this agent has fallen into disuse, for it may be found in every intelligent family in city and country, both in families where allœopathic and in families where homœopathic physicians are employed.

Arnica montana belongs to the natural family of the *Radiatæ*. It is a perennial plant which flowers in the months of July and August. The root consists of a cylindrical woody rhizoma, terminating abruptly, from which many fibres or radicles arise. It is brown externally, has a disagreeable, yet aromatic odor, and an acrid

nauseous, astringent taste. The leaves and flowers have the same smell as the root.

The flower stalk is about a foot high, except in alpine situations where it often only attains a height of six inches. It is a simple, hardy stem, obscurely angular, leaves entire and ovate. The leaves arising from the flower-peduncles, are of a glossy green color, darker on the upper surface than on the dorsal side. The corolla is composed of about sixteen or eighteen single florets, of a bright-yellow color, striated and three-toothed. The calyx is composed of rough, hairy scales. There are twelve species of Arnica, of which we only use the Arnica montana which is found, as the name indicates, on elevated slopes and meadows in the cooler parts of Europe. Teste informs us that some varieties of this species are found in the plains of the North of France; they are distinguished by the large size of their leaves, the height of the stems, etc. According to Nuttall, it is also found in the Northern regions of our country, west of the Mississippi.

The parts used in medicine are the flowers and roots. We may make an infusion or an alcoholic tincture. To make an infusion we digest half an ounce of the flowers with one pound of water. The tincture is prepared by macerating one and a half ounces of the flowers in one pound of rectified alcohol. To make a concentrated tincture of the root, we macerate one pound of the root in a quart of alcohol.

The root which we use for medicinal purposes, should be of the size of a quill; externally it is striated, black or reddish-brown; internally it is yellowish-white. The strong aromatic taste of the root grows stronger after drying; however if the root is kept too long exposed to the open air, its medicinal properties become weaker and comparatively inefficient. If possible, a tincture should be made from the fresh flowers; the root however is the most important part. The saturated tincture has a brown-yellow color and a highly penetrating, aromatic odor. The root may be ordered from Germany in well-stopped bottles, having been well dried in a sand-bath and then pulverized.

The flowers of this plant are liable to being visited by an insect which the Germans call the Arnica-fly and which has to be carefully removed before using them. No blossoms should be used which are not perfectly uninjured by this parasite.

The use of Arnica montana has become so universal at the present period, that some caution has to be used in purchasing the plant from druggists. The spurious Arnica-root yields a light yellowish tincture, without any marked, characteristic odor; whereas the genuine root yields a brownish, yellowish-green tincture having a strong, pungent, aromatic odor which completely masks the odor of the alcohol that is distinctly perceived when the root is derived from a spurious species.

Hahnemann introduces the pathogonesis of this important drug with the following remarks: "Notwithstanding all its carefully-

constructed dogmas, its scholastic definitions and subtle distinctions, the established system of medicine has never succeeded in discovering the specific properties of this plant, nor in finding any certain remedy for that general affection, (often very serious,) which results from severe falls, shock, blows, contusions, etc., or from straining or tearing the solid parts of the human frame. At length, after innumerable attempts and trials, the people discovered for themselves the desired remedy in Arnica. Two hundred years ago, a physician named Fehr, communicated to his brethren, for the first time, the discovery of this domestic remedy; since when Arnica has been called *Panacea lapsorum*. The case has been similar with regard to all other specifics; the art of medicine owes the knowledge of them to domestic practice, and has never made a single discovery for itself, because those who practice it, have not taken the trouble to try the pure effect of natural substances on persons in health.

Chevallier and Lassaigne have obtained from Arnica a yellow ethereal oil having the odor of Arnica, and an acrid nauseous substance similar to that which has been discovered in the seeds of the Cytisus-Laburnum, and hence named Cytisin.

Dr. Collin, of Vienna, used Arnica extensively in the Pazman Hospital of that city for four years from 1771 to 1774, in intermittent and putrid fevers and also in malignant dysentery. Murray states that, when the medicine was given in too large a dose, it occasioned vomiting, anxiety, sweats, an aggravation of the pain around injured parts, (which, however, never lasted long,) sensitiveness of the abdomen, weakness of the senses and nerves, tingling, shooting and burning pains, or shocks resembling those produced by the electric fluid, great anxiety, even dangerous hemorrhages, vomiting, vertigo, and coma. Hence Arnica was supposed to be contra-indicated by the presence of fever, a predisposition to hæmorrhages and internal congestions.

The sternutatory properties of the blossoms of Arnica were known at an early period. Hence its name Ptarmica montana instead of Arnica, from the Greek verb "*ptairo*," to sneeze.

There is no doubt that Arnica is possessed of very acrid properties, and that it may likewise induce a state of narcosis. Experiments have been made both with the flowers and the root, justifying the conclusion that Arnica acts powerfully upon the vegetative sphere, and that it stimulates the absorbent powers of the capillaries, particularly in cases where they have been weakened or suspended even by external injuries. Hence we see that the primary action of Arnica upon the absorbents must be to depress their activity and to induce precisely such derangements as will naturally flow from functional torpor of the vegetative or reproductive sphere. In this respect Arnica acts similarly to Peruvian bark, as we shall perceive at a later period of our course.

The therapeutic range of Arnica has been very philosophically

and very comprehensively defined by Professor Altschuhl of the University of Prague. "According to the observations of Old-School physicians, the vegetative nervous system is the focus of the physiological action of Arnica. In the lower vegetative tissues, where the activity of the lymphatic vessels and veins predominates, Arnica excites the irritability and sensibility of the fibre without causing any general exaltation or quickening of the animal functions. It acts more particularly upon the *capillary* system, where the capillary vessels coalesce in inmost union with the terminal ramifications of the nervous system; it acts upon the *dermoid* system, especially among the membranous and fibrous tissues (among which we range the aponeurosis, the ligaments, the synovial membranes, the periosteum, pleura and peritoneum;) it invigorates the vegetative life of the organism, and counteracts a tendency to colliquation and putrescence. It stimulates the activity of the absorbent vessels, especially of the cutaneous, pulmonary and renal absorbents, whence its well known curative virtues in extravasations. This *stimulating* action is secondarily perceived by the cerebro-spinal axis, especially by the motor nerves; hence we use Arnica with advantage in paralytic conditions depending upon spinal irritations. In massive doses it affects the digestive system, causes dyspeptic complaints, nausea, opppression at the stomach, colicky pains, watery or slimy discharges from the bowels, having a fetid smell and accompanied with a good deal of flatulence." Hence we are authorized by the terms of our law, to use it in torpid inflammatory conditions where a typhoid character of the symptoms threatens to set in.

The members of Dr. Jœrg's celebrated Provers' Union have subjected Arnica to several interesting experiments upon themselves.

Dr. Assmann took an infusion of seven grains of the flowers in two ounces of water; he experienced a scratching sensation in the mouth and œsophagus, and soon afterwards a contracting pain in the stomach, lasting one hour and then gradually subsiding; these symptoms were succeeded by a sense of confusion in the head, and dull pressing pains below the parietal bones and in the region of the lachrymal fossæ; after perspiring in the night, these pains disappeared; on the day following he complained of general lassitude, heaviness of the head and inability to work continuously or earnestly.

Five days after, he took an infusion of twenty-two grains in four ounces of water; in addition to all the above sensations, he was attacked with diarrhœic stools and some cutting pains in the bowels.

This proving shows that Arnica first acts upon the nervous tissue of the alimentary canal, before the brain perceives the effects of the drug. By this I mean that the functional disturbances caused in the mucous surfaces of the alimentary canal preceded the cerebral engorgement. It would seem, from the character of these effects of Arnica, that they were superinduced by a primary irritation of the capillary nervous network ramified over the mucous expanse of the alimentary canal. Hence we infer that Arnica may prove adapted to derangements of the gastric functions characterized by a sensation of roughness in the œsophagus and throat, crampy pains in the

stomach, cutting pains in the bowels, and diarrhœa. Headache accompanies the attack, which finally terminates in perspiration. In *Cardialgia* and *Gastrodynia*, where these symptoms occur, Arnica will prove valuable.

Another prover, Engler, took an infusion of seven grains of the flowers in four ounces of water. In an hour after, his pulse became irregular and accelerated: his sleep was restless and disturbed by dreams. Two days after he took the same dose with the same results, but preceded by a scraping sensation in the mouth, about the root of the tongue, and in the œsophagus, lasting for half an hour. Fifteen grains in eight ounces of water produced the same sensations; fifteen grains in four ounces of water were followed immediately by burning and scraping in the mouth and œsophagus, frequent eructations, and irregular pulse in the evening; the following night was disturbed, and on the next morning he had a *peculiar painful sensation down the spine*, as if produced by long-continued stooping. A repetition of the same dose produced the same scraping in the throat, followed by an aching but superficial pain between the shoulders; his night was restless. The same dose on the next day was followed by less irritation in the throat, while the dull aching muscular or tendinous pains were felt more under the right shoulder blade; the pulse was quick and irregular. The same results were obtained from twenty grains two and five days afterwards. Thirty grains, taken two days later, produced very violent scraping in the throat, followed in ten minutes by a painful pressure apparently in the posterior wall of the stomach, and extending between the shoulder blades to the dorsal vertebræ.

During these experiments he expectorated much bright, transparent, glassy mucus, punctated with black spots, and his stools seemed harder and less frequent.

This proving yields important results. The action of the drug was particularly perceived in the region of the spine, in the gastric sphere and in the pulse. The peculiar pains down the spine show that in irritation of the spinal nerves such as may be induced by rheumatic exposure, Arnica may prove valuable: a form of rheumatism where the muscular and tendinous tissues may receive the first counter-shock of the nervous irritation.

The gastric symptoms lead us to infer *Venous Congestion* of the stomach superinduced by an irritation of the spinal nerves. Rheumatism, a strain, a concussion of the middle portion of the spinal chord might give rise to such symptoms. We likewise meet with functional derangements of the gastric sphere, where these hard aching pains in the region of the stomach, hawking up of glassy, black-dotted mucus, and irregularity of the pulse are characteristic symptoms. If the characteristic roughness in the œsophagus is present, together with hard stool, or in other cases, loose, watery stool with cutting pains in the bowels, we may depend upon Arnica as a remedy in the case. Such a group of symptoms we might designate as *Nervous Dyspepsia*.

Heisterbugk took fifteen grains in eight ounces of luke-warm water, followed in ten minutes by a gradually increasing pain in the stomach, *as if the walls of the stomach were spasmodically contracted;* it lasted an hour, and was then relieved by eating. He also noticed increased activity of the skin, and a pricking pain in the chest and internal surfaces of the arms, such as occur after a sudden overheating; pulse seventy-five to eighty. Four days after, he took the same dose with slighter results and no pricking; fifteen grains in four ounces only produced a slight sensation in the stomach; the same dose, two days after, produced in a few minutes a considerable distention of the abdomen, lasting for one hour; the same dose, two days after, produced the same bloating of the abdomen, followed by moderate heaviness and confusion of the head, lasting for two hours; thirty and forty grains in six ounces of water, only produced the swelling of the abdomen and confusion of the head.

This proving confirms the specific action of Arnica upon the nerves of the stomach. Here we have a well-marked group of *Cardialgia.* If I were called to a case where the patient complained of contracting spasmodic pains in the stomach, with bloating of the bowels, confusion of the head, and slightly irritated pulse, I should prescribe Arnica. The pricking which this prover experienced, would afford additional proof of the homœopathicity of Arnica in a given case of gastric disturbance; in cardialgia or gastralgia this symptom may be present. It may likewise be present in rheumatic affections of the tendons and muscles. In rheumatism of these parts, if pricking pains are present, together with the previously-mentioned aching pains, Arnica will be found useful.

Kneschke took fifteen grains of the flowers; half an hour after taking the drug, he experienced a peculiar scraping and burning in the throat and œsophagus, followed in a few minutes by a troublesome aching in the stomach, lasting for a full hour. Twenty-two grains in four ounces of water caused a scraping in the throat immediately, and violent aching in the stomach, lasting for one hour; he had a good night, but awoke with violent piercing pains in the forehead and occiput, lasting the whole day, attended with loss of appetite, constipation and depression of spirits; he did not recover until the fifth day. Another trial with the same dose yielded nearly the same results, except that the piercing pains in the forehead came on sooner and passed off over night.

This proving reveals the depressing effects of Arnica upon the nerves of the stomach, followed by a violent irritation of the cerebral nerves and dejection of spirits. Hence we may consider Arnica indicated in *Hypochondria* depending upon gastric derangements or dyspepsia, attended with frontal headache.

Strœfer experienced, from seven grains of the flowers; a burning-scraping in the throat, nausea, increased secretion of saliva, boring, unpleasant movements in the stomach, followed by a painful pressure in the forehead for two hours; twenty-two grains caused a remarkable increase of all these symptoms, especially the salivary secretions and the pain in the head. The pulse was fuller and quicker.

These symptoms again indicate the use of Arnica in Cardialgia and Gastrodynia.

A most interesting proving is that of Winkler, who took fifteen grains of the flowers in four ounces of water. Immediately after taking the drug he experienced a violent burning in the throat, gradually descending the œsophagus down to the stomach, lasting for three-quarters of an hour, and followed by griping and aching in the stomach, which extended to the small intestines where a great deal of rumbling and frequent uneasy contractions were experienced, followed by an almost tympanitic distention of the abdomen; at the end of two hours almost all these effects had passed away, but there was a sensation of gnawing canine hunger without the least appetite; he awoke the next morning with violent headache, which lasted for four hours and was so severe at eight o'clock that he almost fell down from pain and vertigo; the nausea and the sense of prostration lasted till noon. Seven grains in two ounces of water caused a scraping in the throat and œsophagus, with a sensation as if the walls of the pharynx were swollen; this feeling only lasted one-fourth of an hour, and was followed by heaviness and aching in the stomach for half an hour. These experiments were repeated with large and small doses, with three, five, seven, ten, fifteen and twenty grain doses, always with the same results; the smaller doses seemed to affect him as powerfully as the larger ones.

The pathological character of these symptoms is the same as in the former provings. *Gastrodynia* is strikingly delineated by the results of this proving. Griping and pressing pains in the stomach; uneasiness and spasmodic contractions in the small intestines; tympanitic distension of the bowels and afterwards a sensation of craving hunger like bulimia, constitute a group of symptoms eminently characteristic of peculiar forms of Gastrodynia.

Eleven other experimenters made trials with an infusion of Arnica and obtained more or less similar results. The first effect of the drug is perceived in the throat and œsophagus, where it causes a scraping and burning sensation; these symptoms are followed by nausea, increased secretion of a watery saliva, loss of appetite, crampy pains in the stomach, and lastly headache, the pain being mostly experienced in the right half of the occiput, whence it shifts to the right half of the forehead. The nausea caused by Arnica may be accompanied by shuddering followed by warmth over the whole body and breaking out of a warm sweat, with full and quick pulse, followed in two hours by a sudden violent urging to stool, with scanty and natural fæces as if the muscular coat only of the bowels had been excited. In one case the prover experienced crampy pains in the stomach and colicky pains in the bowels, with a sensation as if the stomach had been over-loaded; as the cramps in the bowels lessened, the whole abdomen became swollen, with frequent emissions of urine and urging to stool; this symptom was followed by an aching pain in the right half of the vertex, and easy expectoration of bronchial and pulmonary mucus.

In some provers the pressure and pain in the epigastric region were accompanied with a feeling of anxiety.

Bleeding from the nose likewise occurred in some cases.

The symptoms obtained with a tincture of the root, are exceedingly characteristic of the action of Arnica. Some experimenters took from six to fifty drops without experiencing any perceptible effects except eructations, a little confusion of the head and emission of flatulence. In one prover, however, six drops excited distention of the abdomen, cutting pains in the bowels and discharges of much offensive flatulence without relief. Seventy-two drops caused a feeling as if the xiphoid process were pressed violently inwards, with piercing pain under the sternum, vertigo, aching pain in the temporal bones and orbits, palpitation of the heart, quick pulse and disturbed sleep at night; the bowels were rather constipated, the sense of hunger increased, but the appetite considerably lessened.

This is a remarkable group of symptoms, showing that Arnica may prove useful in *Pulmonary Congestions*. These symptoms may be present in hæmoptysis. The sensation as if the sternum were pressed in, the piercing pain under the sternum, and the consensual symptoms of palpitation, full and quick pulse, vertigo and pain in the head, may constitute a precursory group in hæmoptysis caused by a blow or sprain, or even by rheumatic exposure.

The other symptoms which were elicited by these provings with the root, may be generalized as follows: Aching pains along the spine, and in the region of the stomach and liver, such as are felt when suddenly raising one's self from a stooping position. Crampy pains in the stomach; also (in the female provers) a feeling of emptiness in the stomach, with canine hunger, but entire loss of appetite, loathing of food; sometimes a sensation of repletion was experienced, although the stomach was empty.

Having obtained from these exceedingly interesting provings a preliminary knowledge of the physiological character of Arnica, of its specific relation to the nerves of the alimentary canal to the capillary vessels, and more particularly of its power to excite engorgement of the capillaries, and consequent effusion and hæmorrhage, we are now prepared to present the symptomatology of this drug under general categories.

First, then, the

CEREBRO-SPINAL GROUP.

The provings which I have reported so far show that Arnica may induce *Vertigo* and *Headache*. But these conditions seem to arise subsequently to gastric derangements. In order therefore that Arnica may be homœopathic to headache, and cure it, the headache must be symptomatic of deep-seated gastric disturbances, which, through the influence of the sympathetic system of nerves, will react upon the brain. The pain in the brain is a pressure which may either be felt in the forehead and temples, where it may be very sharp and

piercing; or it may be first felt in the right side of the occiput, whence it shifts to the right side of the forehead.

This whole group of symptoms, the functional derangements of the gastric sphere in conjunction with the pains in the head, or the pains in the head in conjunction with the gastric derangements, afford room for various interesting therapeutic considerations. Gentlemen,

Concussion of the Stomach by a blow or fall, or

Compression of the Stomach by violent mechanical causes, may induce just such gastric and cerebral symptoms as are here recorded. Nausea with tendency to faint; vomiting, dizziness, cerebral engorgements characterized by painful oppression of the forehead and temples, and perhaps hæmatemesis or vomiting of blood, may characterize such an accident, and imperatively call for the internal exhibition of Arnica, a few drops of the first attenuation in about ten tablespoonfuls of water, of which a small spoonful may be given every few minutes, until the condition of the patient is decidedly improved.

On the other hand,

Concussion of the Brain induced by a blow or fall may be characterized by those aching pains which Arnica seems to be peculiarly fit to occasion; and the concomitant gastric symptoms may be such as to require Arnica. It must not be supposed, however, that Arnica can always prevent the consequences of cerebral concussion. One of these consequences may be inflammation of the brain, which cannot be treated with Arnica, but requires Belladonna, Hyoscyamus, Opium and other drugs. A blow upon the head may induce obstinate congestion of the cerebral sinuses with chilliness and low fever, drowsiness, dull, heavy pain in the head, nightly exacerbation of the symptoms. Under these circumstances it would be use less to depend upon Arnica alone; *Aconite* and perhaps *Belladonna* will have to be administered in more or less persistent doses.

Arnica has been used in various

Apoplectic Attacks with success. Several cases are reported by Rückert. In one case the patient complained of dizziness followed by loss of consciousness, depression of the lower jaw, insensibility and paralysis of the extremities of the left side; incoherent talking, inability to articulate; he often raised his right arm, pointing to the head; his pulse was very full and intermitted every seventh beat; his face was red. Under the use of Arnica he gradually recovered in a few days.

I am not altogether satisfied with the apoplectic character of this case. The record does not state what caused the attack; but I am inclined to regard these symptoms as denoting a violent rush of blood which might have been relieved by simple palliative means, such as a warm foot-bath and the application of a little cold water to the head, equally as well. I should not depend upon Arnica in idiopathic apoplexy. If the attack can be traced to such gastric irritations as point to Arnica as their true homœopathic agent, we need not hesitate to use this drug. We may use it in alternation

with Aconite, provided the symptomatic indications justify the use of this agent, as they would have done in the previously mentioned case. Depression of the pulse does not point to Arnica. It is irritation of the pulse characterized by increased frequency, fulness and sometimes irregularity that indicates Arnica.

Another case is reported by Rückert, where a man of fifty-three years, with short, thick neck, rather addicted to brandy, was taken with an apoplectic fit, for which he was bled. A few days after, a homœopathic physician found him with the following symptoms: frequent awaking during the night, with attack of hiccough and gulping up of fluid, followed by an attack of shuddering and stretching every half hour, without being conscious of it. During the day he felt a pressure in the forehead, with buzzing in the ears, vertigo, sparks before the eyes, illusions of sight, general malaise, coldness of the extremities, shiverings through the body; pulse 60, tolerably strong, irregular, with burning itching of the skin. Two drops of Arnica 3, repeated the second day, cured him in three days. After a laps of five months he had several similar attacks, and was relieved each time by Arnica.

In some forms of

Acute Hydrocephalus, Arnica has been given with good effect. Rückert reports the case of a little boy of two years and a half, who five weeks subsequent to an attack of measles, was found in the following condition; violent headache, squinting, is afraid as though he would fall, and actually does fall backwards occasionally; vomits; twitching of the arms and hands; screams; will only lie on his back; is at times unconscious; can only be roused with difficulty; his head is hot, pupils dilated and breathing oppressed; urine scanty, of a reddish tint; pulse quick and small.

Aconite and Belladonna did not seem to do any good. Arnica 3d, and an occasional dose of Merc. 2d restored him in a fortnight.

In cases of hydrocephalus, where the effusion is a termination of previous inflammation of the meninges or substance of the brain, Arnica is not indicated. It is only in symptomatic hydrocephalus, when the effusion occurs as a consequence of a low, typhoid state of the organism, that Arnica will prove of avail. The pulse may be slightly irritated, not of the inflammatory type; the skin is dry and husky, rather cool, the feet may be warm, the face flushed and burning, the pupils contracted, tongue thickly coated with a foul mucus, the bowels are either bloated, hard and bound, or else they are soft and discharge foul smelling mucus with a good deal of rumbling, the urine is saturated and has a foul smell; if these or similar symptoms, together with the comatose condition of the patient, the apparent loss of consciousness, the convulsive twitchings of the extremities, the spasmodic gritting of the teeth, lead us to infer the process of a fluid in the ventricles of the brain, we may prescribe Arnica with the confident hope that, if relief is at all possible, this agent will afford it. There is no doubt that Arnica is possessed of specific powers to disorganize the functional activity of the lymphatic system

and to alter the normal constitution of the blood by its tendency to decompose this fluid and separate its aqueous from its coagulable ingredients. We may infer this from the extraordinary powers of absorption which Arnica manifests when made to act upon sanguineous extravastions.

There is a peculiar form of irritation of the cerebral nerves which Marcus Herz describes under the appellation of

Spurious Vertigo. A tall and rather cachectic man, aged forty-nine, who had been in the habit of taking ten or twelve drinks a day, was attacked with weakness of the arms and legs, glimmering before the eyes and noises in the ears. During the last week the debility had increased so much that he could scarcely walk; his sleep was disturbed with phantasies and formications, and he was attacked with the following paroxysms of vertigo, sometimes several in one hour; without any warning, and in any situation, all objects would seem to move with a shaking motion either towards him, or from side to side, or they would seem to fall over; he would soon begin to stagger about with them, unless he seized hold of something; in a few minutes he recovered himself, his illusions of sight disappeared, but he felt as if intoxicated; all his functions were normal, but his face was red, his eyes were injected, pupils dilated, but his sight was good. He was restored by taking an infusion of Arnica in increasing doses for six weeks.

If the alcohol had anything to do with these symptoms, Nux vomica might probably have been used with advantage.

The pathogenesis of Arnica as furnished by Hahnemann contains several symptoms showing that Arnica may be useful in cerebral derangements of a rheumatic nature. One marked symptom is "a *burning* in the *brain*, though the rest of the body remained cool." This symptom may occur in

Rheumatosis or *Rheumatic Irritation of the Brain;* it may also set in as an element in the train of symptoms which often develop themselves after cerebral concussions.

Another prominent symptom is "a *painful pressure* above the eyes in the direction of the temples, with sensation as if the frontal integuments were spasmodically constricted." This symptom may likewise be characteristic of a rheumatic affection of the head with engorgement of the frontal sinus, and probable irritation of the pericranium and muscular coverings of the forehead.

Stitching and *tearing* pains in the head, and *formicating* pains in the forehead are also frequently met with among the head-symptoms of Arnica. These pains likewise point to Arnica as a most important agent in

Arthritic and *Rheumatic Headache.*

ORBITAL GROUP.

Among the eye-symptoms of Arnica in Hahnemann's pathogenesis

there are many which reveal the curative virtues of this agent in inflammatory conditions of the eyeball and lids in unmistakable characters. *Itching, stinging* and *burning pains* in the eyes; painful feeling of *dryness* under the lids; secretion of *burning tears; protrusion* of the eyeball from the socket; these symptoms distinctly show that Arnica is homœopathic to inflammatory conditions of the eyes, more particularly if they arise from external injuries.

Wounds of the Eye which, under other treatment might lead to loss of sight, or at any rate to partial disorganization of the organ, are healed quite readily, and without any disfiguring loss of substance, by means of the internal and external use of Arnica. Our works are filled with cases illustrating the healing virtues of Arnica in contusions and wounds. In applying Arnica to a wounded eye, a strong watery infusion is sometimes preferable to the alcoholic tincture in consequence of the smarting and excoriating sensation which is sometimes caused by the alcoholic ingredient.

In Duncan's Medical Commentaries nine cases of *Amaurosis* are reported which were successfully treated with Arnica after all other remedies had failed. Scarpa, the eminent Italian oculist and pathologist, thinks that Arnica can only be depended upon in amaurosis resulting from gastric irritation. A characteristic indication for the use of Arnica in this affection is "contraction of the pupil."

Neumann reports a case of fully developed *Cataract* which was completely cured by means of the internal and external use of Arnica. The probability is that this cataract was caused by contusion of the eyeball.

AURICULAR AND FACIAL GROUPS.

Among Hahnemann's provings of Arnica there are several symptoms which lead us to infer that in contusions of the ears and nose, and in inflammations resulting from such contusions, Arnica must be an excellent remedy. One prover reports the symptom: "*Contusive pain* in the cartilages of the left ear, interiorly." A similar symptom was experienced in the nose: "Pain in the nose, from above downwards, as from a *violent fall*." Besides these symptoms, other symptoms are recorded such as are generally present when muscular and cartilaginous tissues have been contused by a fall or blow. Such symptoms are: *stitches* shooting through the ears; swelling of the part (among other provings we find "swelling of the nose;" "swelling of the cheek with throbbing and twitching pains, swollen lips and heat in the head;" also "hard, tensive, shining-red swelling of the left cheek.") The lips likewise seem to be affected by Arnica as they would be from a blow; we have such symptoms as these: "cracked lips," "swelling of the lips;" "burning heat in both lips;" "formication in the lips as if they would go to sleep."

One prover observed frequent *bleeding from the nose* as one of the

effects of Arnica; another proof of the homœopathicity of Arnica to the consequences of a blow or fall upon the face.

Another prover, Dr. Gross, experienced a peculiar abnormal sensation of crawling by the side of the nose. The symptom as recorded, reads: "Sensation as if an insect were crawling by the side of the nose; this sensation cannot be removed by wiping." Another prover, Dr. Wislicenus, experienced a similar sensation except that in his case it yielded to rubbing with the finger. I have quoted these two symptoms simply for the purpose of showing that Arnica deranges the functional harmony of the sentient nerves in a very delicate and yet characteristic manner. These abnormal sensations may likewise be present during, or precede epistaxis.

Deafness has likewise been cured by Arnica. This drug causes buzzing, whizzing and ringing in the ears, with decrease of hearing. Frank reports several highly interesting cases of deafness in his Magazine, all of which were cured with an infusion of Arnica used internally, and likewise externally with injecting it into the ears.

DENTAL GROUP.

Arnica is not without decided therapeutic powers in cases of toothache. It causes "*formicating* sensation in the gums as if they would go to sleep, and a pain in the teeth as if their roots were being *scraped with a knife*." In

Arthritic Toothache, when the pains are tearing and stitching, and the face burns and looks swollen, Arnica will afford relief.

Rückert reports the case of a lady whose gums were inflamed and swollen; she complained of a drawing and stitching pain in the teeth of the right upper jaw, extending up to the ear; her face was red and burning-hot, cheek swollen; the pain was worse in the air and when warm fomentations were applied. She had had two teeth plugged a few days ago. Arnica 30th relieved her very speedily.

When there is a good deal of throbbing and pressing or lancing pain, sometimes involving the whole jaw; attended with swelling and heat of the cheek and swelling of the submaxillary gland, Arnica may be given provided there are no signs of inflammatory fever. In this case Aconite and Belladonna may be required.

An infusion of Arnica is an excellent soothing wash after extraction of the teeth. It is likewise useful in arresting the bleeding which sometimes sets in after such an operation.

CHYCLO-POIËTIC GROUP.

We have already become acquainted with several important morbid conditions to which Arnica is eminently homœopathic.

Cardialgia or *Gastrodynia*, when characterized by spasmodic-contracting pains in the region, roughness and qualmishness, mounting of heat to the face, and slight febrile irritation which is sometimes accompanied with formication and pricking about the chest, face and arms, belonging to the therapeutic domain of Arnica.

The symptoms which have been obtained by Hahnemann and his friends in their provings of Arnica, point to a number of interesting pathological conditions to which Arnica would seem eminently homœopathic.

One symptom clearly indicates the homœopathicity of Arnica to *Dysphagia;* it is this: "The act of deglutition is impeded by a sort of nausea as if the food would not go down."

The taste in the mouth and the quality and natural intensity of the appetite, are considerably altered by the action of Arnica. This drug seems to cause a bitter, foul taste in the mouth; bitter and foul eructations; it also causes loss of appetite, nausea, disposition to vomit, heartburn. This desire to vomit sometimes amounts to violent retching, vomiting, even vomiting of coagulated blood. These symptoms, in connection with other effects of Arnica, constitute an interesting and important pathological tableau. The effects to which I allude are the feeling of *nauseous repletion* which some provers have experienced in a marked degree. A lady-prover complained of a sensation as if the pit of the stomach was filled up with a lump; this feeling was accompanied with ineffectual retching. Another prover complained of a similar sensation of pressure in the pit of the stomach; this was followed by qualmishness, retching, rising of water to the mouth; this sensation passed off when lying down, after which the pressure shifted to the bowels. Another prover complained of a digging pain in the pit of the stomach, as if the parts were twisting themselves into a ball.

Gentlemen, these symptoms are important indications for the use of Arnica in

Dyspepsia, with foul and bitter taste in the mouth, eructations of a similar character, loss of appetite, a qualmish feeling of repletion after eating;

Waterbrash, more particularly in the case of hysteric females who complain of the globus hystericus;

Cardialgia or *Gastrodynia,* with twisting and digging pain in the epigastric region.

The sense of fulness after eating, especially when attended with qualmishness, is eminently characteristic of Arnica in dyspepsia and cardialgia, especially in the case of nervous, hysteric females; in one of the lady-provers this feeling of repletion was accompanied by a keenly-painful pressure behind the os pubis (apparently in the region of the bladder), especially when standing, and inducing a constant desire to urinate.

This sense of fulness is characteristic in other respects. We have seen that Arnica causes vomiting of coagulated blood. It moreover causes all the other symptoms which precede or accompany vomiting of blood, such as: a sensation of oppression, weight and repletion in the region of the stomach, throbbing in this region, bitter and very frequently sour eructations, heartburn, tympanitic distention of the pit of the stomach, and various consensual symptoms such as: op-

pressive pain in the frontal region, vertigo, obscuration of sight. Hence we conclude that Arnica may be a most important remedy for

Hæmatemesis, brought on by a blow on the stomach, or occasioned in consequence of a peculiar dyspeptic dyscrasia by over-eating, or by a strain, by the excessive action of emetics, etc. In cases of hæmatemesis where Arnica is indicated, the febrile excitement is rather slight: at first a burning sensation may be felt in the face; but if the vomiting is violent, the face will soon look pale, pinched up, and it will feel cold; the extremities may likewise be icy-cold.

If the inflammatory type prevails, with full, strong, rapid and bounding pulse, glistening eyes, flushed face, Aconite may have to be given instead of Arnica

In Hirschel's Archive a case is reported, where a servant-girl was attacked with hæmatemesis in consequence of ill-treatment; she complained of general malaise and a feeling of soreness through her whole body, with almost constant nausea, pain in the stomach, and vomiting of every thing she took into the stomach: the ejected substance was always mingled with blood. After having been treated allœopathically for six weeks without deriving the least benefit from the treatment, she was cured in four days perfectly by means of Arnica, sixth trituration, through the agency of Dr. H. B. Harris.

Arnica may likewise relieve the pains and soreness which sometimes remain in consequence of the violent straining of the muscular tissue of the stomach and abdominal walls. It may be used both internally and externally.

Splenetic Stitches come within the curative province of Arnica. These stitches have been experienced by several provers, in some cases accompanied with a feeling of pressure, and arresting the breathing. These stitches are sometimes induced by walking too fast, or by long running,

The effect of Arnica upon the bowels is decidedly characteristic. One prover experienced *colic as in dysentery;* a digging sensation in the hypogastric region on each side, close to the hips, attended with nausea and drowsiness.

Hahnemann experienced flatulent distention of the abdomen after supper, especially of the lower part, with dull pressure in this region; the limbs felt hot; emission of flatulence afforded no relief.

Another characteristic symptom experienced by Hahnemann is "hardness and distention of the right side of the abdomen;" the distended part was painful inside as if there had been a sore; when coughing, blowing the nose or stepping, the part felt as if torn or cut; this pain was even felt externally on making the least pressure.

Another symptom showing the influence of Arnica upon the abdominal ganglionic system is: "violent *shooting pain* striking from the abdomen to the vertex like an electric shock." Similar sharp shocks were experienced by another prover from one side of the abdomen to the other.

Retraction of the Umbilicus and burning-stinging pains in the epigastric region were observed by Dr. Collin.

Fine tearing pains were observed by Dr. Wislicenus in the abdominal muscles.

Now, Gentlemen, look at these striking effects of our drug, and see whether you may not derive important advantages from its use in

Enteralgia, Colicodynia, neuralgic and rheumatic affections of the bowels and abdominal integuments. The symptoms experienced by Hahnemann, more particularly the distention, pressure and soreness in the right side, may characterize an attack of colicodynia or abdominal neuralgia, where you might fail in effecting a cure unless you give your patient Arnica. Of course, the other gastric symptoms, appetite, taste in the mouth, eructations, flatulence, stools, and more particularly constipation, and the condition of the circulatory apparatus have to correspond with the known effects of Arnica.

Neuralgia, or *Neuralgic Rheumatism of the abdominal walls* is indicated by the fine tearing pains experienced by one of the provers.

How does Arnica affect the alvine evacuations? Its effects in this direction are likewise of the utmost importance. It causes: "Fetid flatulence;" "frequent urging to stool;" "papescent stool, and even discharges of blood and pus;' it causes "frequent evacuations consisting of mucus," "painful pressure in the rectum," also "tenesmus of the rectum and anus." In some cases the discharges have been watery and mixed with undigested food. One prover reports: "passage of stool during sleep without knowing it."

These indications not only reveal the use of Arnica in specific bowel-disease, but they likewise enlighten us concerning the use of Arnica in gastric disorders of a general character, such as low gastric fevers, sabural derangements with foul tongue, bad taste in the mouth, foul breath. In

Chronic Diarrhœa, with watery discharges, or discharges of mucus, pus and blood, having a fetid smell and attended with slight febrile excitement, soreness and tympanitic distention of the bowels, borborygmi and emission of fetid flatulence, Arnica will prove beneficial. If this condition of the bowels should be accompanied with frequent urging to urinate, discharge of watery and at other times saturated, brown or deep-yellow urine, (Arnica causes these alterations in the urinary secretions), we may depend upon the curative virtues of Arnica in all such cases with so much more certainty.

A superficial perusal of these symptoms shows that Arnica may afford decided and permanent relief, not only in chronic diarrhœa, but also in

Dysentery, especially when the discharges are slimy and purulent, with distressing tenesmus in the rectum and anus, cutting and sore pains in the bowels, and even tenesmus of the urinary bladder (in several cases of proving, Arnica has been known to have this effect.) It may be administered in doses of from six to ten drops in eight tablespoonfuls of water, a tablespoonful every half hour or hour.

THE URINARY GROUP.

has already been alluded to. Arnica may cause both frequent discharges and also retention of urine. In

Paralysis of the Neck of the Bladder, with inability to discharge the urine, Arnica has been found eminently useful in the case of old people. If this weakness should have arisen from concussion of the spine, Arnica will be found serviceable.

Professor Gross, in his work on "Diseases of the Urinary Organs," recommends Arnica for paralysis of the bladder consequent upon low typhoid fevers, onanism and other debilitating causes. He gives from forty to fifty drops three times a day, cautioning however against the medicinal effects which such heroic doses may produce, such as: vertigo, headache, purging, vomiting, spasmodic twitchings, etc. It would seem more reasonable if the medicine is at all indicated, to give a smaller dose in order to avoid the undue action of the drug. In

Hæmaturia, caused by a blow, fall or other mechanical injury, Arnica in infusion or tincture-form may not only prove useful, but indispensable.

SEXUAL GROUP.

Arnica seems to excite the sexual organs. It causes erections, involuntary nocturnal emissions; in the case of a young girl of twenty years who had not menstruated for a year past, it caused immediately the discharge of a coagulum from the vagina, attended with nausea. Arnica also causes stitches through the testicles, hence we give it in

Orchitis, with hardness, pain and swelling of the testicle, when this affection is the result of a blow or fall. In Rückert's Clinique it is stated that a man of thirty-six years received a severe blow on the right testicle. The scrotum was very much relaxed; the right testicle enlarged about three or four times its natural size, hard, hot, very painful during motion and when touching it; during rest a sharp pain was experienced all the time along the chord as far as the inguinal region; the chord was swollen and very painful; consensual symptoms were: stitching pain in the forehead; bitter taste in the mouth; tongue coated white; frequent shuddering over the body; pulse sluggish and small. The scrotum was supported by a suspensory bandage; Arnica sixth was given internally, and the tincture applied externally; the patient was cured in a week.

In *Abrasions* of the prepuce caused by sexual intercourse a lotion of Arnica will speedily restore the integrity of the parts.

Arnica being endowed with specific powers to excite the menses, it must be a useful remedy in

Metrorrhagia, when masses of dark, coagulated blood are discharged; also when mechanical injuries such as a blow, fall or strain are the cause of the accident. In

Amenorrhœa, resulting from over-exertion, a cold, etc., when symptoms of abdominal plethora are superinduced, Arnica may prove the best means of restoring the discharge. The third or sixth attenuation may be used. In many cases of this kind Aconite and Pulsatilla may be required.

Griesselich informs us that Arnica has been used to produce miscarriage; hence we may use it as a preventive of

Miscarriage, especially in cases of accidents; it may be used alternately with Aconite.

Dierbach informs us that French women use Arnica for the disturbances, abnormal conditions of the nervous and sanguineous system incidental to the *critical age.*

Arnica may prove eminently useful in cases of

Severe Labor. An infusion of Arnica applied to the pudendum will facilitate the restoration of this organ to a normal condition; the internal use of Arnica after parturition may likewise prevent severe after-pains. An Arnica-lotion applied to the head of the infant will favor the absorption of extravasations that may have taken place under the scalp in consequence of the pressure made upon the head during its passage into the vagina.

Sore nipples, in consequence of nursing, may sometimes be successfully treated with Arnica. A lotion of Arnica may be applied which has to be washed off previous to nursing. The use of Arnica in this affection will however fail in many cases, and the physician will have to resort to other means of relief.

CATARRHAL AND RESPIRATORY GROUPS.

Arnica causes a train of symptoms in the air-passages which render it eminently useful in many catarrhal affections. It causes: "*Dry hacking cough,* every morning after rising, as if caused by tickling in the larynx." It also causes: "cough at night, during sleep." It also causes hoarseness, sneezing and catarrhal symptoms in the head. Taking all these indications together, we may say that Arnica is indicated in

Cough, with tickling in the larynx. There are many symptoms which characterize this cough, such as: "foul-smelling breath;" "sensation during an expiration, of painful coolness in the trachea, as if the walls were too thin;" "stitches in the sides of the chest, and in the sternum, when coughing (this symptom has been experienced by a number of provers)." Here then we have a number of symptoms such as may be developed in consequence of a cold. If these symptoms are not accompanied by inflammatory fever, and the patient exhibits signs of a gastric dyscrasia and depressed activity of the vegetative sphere, we may give Arnica with the confident hope of affording relief. This drug has likewise caused

Hæmoptysis; among the provings we notice most of the characteristic symptoms which accompany bloody cough. It causes "Cough with sensation as if all the ribs were bruised;" "short, panting breathing;" "anxiety and pain in the chest;" "excessive dyspnœa;"

"frequent and long inspirations, with oppression under the chest;" "aching-stitching pains in the region of the sternum, especially when walking;" "his chest feels like raw, he spits up blood with the saliva, especially when walking." Some provers have experienced an "oppression, on waking in the morning, as if the lungs were very much engorged with blood," and in others this anxious oppression was accompanied with nausea, as it is very apt to be previous to an attack of hæmoptysis. Tensions across the chest, and great soreness in the region of the costal articulations, especially during a coughing fit, are likewise characteristic symptoms among the provings of Arnica. Dierbach even informs us that Arnica causesa reddish-looking perspiration on the chest, probably a sanguineous exudation. All these symptoms may arise from a blow or fall upon the chest, with hæmorrhage from the lungs, in which case the internal and external use of Arnica would become indispensable.

Even the action of Arnica upon the heart shows that it influences the circulation, causing congestions and irregularities. This effect of Arnica is proved by such symptoms as these: "Sensation as if the heart were compressed, or as if it received a shock;" the beating of the heart is more like a jerking;" "the beating of the heart is at first very rapid, and then all at once very slow." These and similar symptoms may precede or accompany an attack of hæmoptysis, more particularly when the disease has assumed a chronic form.

We have many reports of cures of hæmoptysis. In many of these cases Arnica has been used alone; in other cases it has been used in alternation with Aconite. In hæmoptysis with considerable vascular excitement during the attack, palpitation of the heart, flushed face, oppression and soreness on the chest, sense of warmth and bubbling sensation, or pricking and throbbing in the chest, violent tickling in the throat-pit, Aconite may be found preferable to Arnica, or may be exhibited in alternation with the latter agent.

Pleurodynia is an affection characterized by stitching pain in the side. It resembles pleurisy, but is not pleurisy, and is sometimes designated as *False* or *Spurious Pleurisy*. The pain is seated in the intercostal muscles, and is attended with soreness of the affected region. It may be caused by rheumatic exposure, by strain in consequence of lifting a heavy weight, by running, etc. The fibres of the intercostal muscles being alternately relaxed and put upon the stretch during the act of respiration, the pain is necessarily increased when the thorax is expanded. The affection may be accompanied with slight signs of vascular irritation.

Among the symptoms of Hahnemann's provings of Arnica, we find several which seem to indicate Arnica as a good remedy in this affection. "Stiches and prickings in the side," were experienced by several provers. One prover experienced "hurried and difficult inspirations, and slow expirations." Arnica may be used both internally and externally.

Arnica is recommended by some homœopathic physicians in

Pneumonia. It is never indicated in the acute stage of idiopathic pneumonia. In some forms of chronic pneumonia, arising orginally from rheumatic exposure, with rheumatic irritation of the muscular covering of the chest, soreness of the lungs, stitches darting through the lungs or seated sticking pain in the chest, with foul breath, frothy and bloody sputa, hectic flushes on the cheeks, slight creeping chills followed by increase of warmth and corresponding vascular excitement; gastric derangements such as nausea, loss of appetite, foul tongue, bloating of the bowels and constipation, dark urine: Arnica may prove eminently useful. In *Traumatic pneumonia* characterized by similar symptoms, great good may be expected from the use of this agent.

Tessier, in his collection of cases of pneumonia, reports a case of true pneumonia caused by a strain. The treatment was conducted to a successful termination with Aconite and other agents generally used in pneumonia. Do not fall into the grievous error of associating particular drugs with particular morbid conditions as belonging together by an inevitable fatalistic necessity. There is no fatalism in medicine save the fatalism of specific Homœopathy. A drug, in order to be a remedial agent in a given case, must be the exact counterpart, in its action upon the normal tissues, of the dynamic pathological disturbance for which we prescribe it. Do not say: Arnica is a remedy for strains; but say: Arnica is generally adapted to conditions resulting from a strain. These conditions may sometimes require the use of other agents as being far more homœopathic to the character of the existing lesion; one of these agents is Aconite, another Rhus.

If this definition of specific Homœopathy be true—and, Gentlemen, it constitutes the very spirit of our doctrine—you will not fail in putting a proper construction upon the following remark of Dr. Wurm, physician in chief to the homœopathic hospital in Vienna: "Arnica being one of the few remedies which cause resorption, it is a pity that it is so often overlooked by physicians in cases of pleurisy; although Arnica appears to act more speedily when the exudation consists of plastic lymph, it is nevertheless very efficacious in serous exudations."

Arnica will never remove an effused fluid from the pleural cavity, unless the essential character of the lesion of which this exudation constitutes a terminal stage, is exactly met by the essential action of the drug. Unless the spirit of the drug hugs the spirit of the disease as its prototype, no absorption of the effused fluid can take place under the influence of Arnica.

INFLAMMATORY GROUP.

We have seen that Arnica causes slight symptoms of inflammatory action, when taken by persons in health. Under the influence of Arnica the pulse becomes rather more irritable, the temperature of the skin is slightly raised, the patient may even experience a sting-

ing sensation in the skin; the face may likewise become hot and flushed.

Arnica does not seem homœopathic to inflammations of an acute character; but in inflammation of a chronic type, whether arthritic or rheumatic, we may derive benefit from its use. In these affections its sphere of action seems to be the muscular and tendinous tissues.

You will recollect that several of our Arnica-provers experienced pains down the back, along the spinal column; others felt pains in the region of the stomach and liver similar to what we feel when suddenly rising from a stooping position. The character of these pains is rheumatic. These rheumatic pains in the back, along the spinal column, might be mistaken for spinal irritation. You may establish the absence of irritation by pressing with the point of the finger between the vertebræ. Characteristic constitutional symptoms are likewise wanting. In this species of chronic

Rheumatism of the muscular and tendinous tissues of the back and other parts, it is proper to use Arnica internally and externally; internally a few drops of the lower attenuations or even of the tincture in a tumblerful of water, and externally a lotion of 30 or 40 drops to half a pint of water.

The characteristic pains of Arnica are generally present in rheumatic irritations of the muscular and tendinous tissues. These pains are: *sore and aching* pains; pains as if *bruised* and *sprained; pricking* pains as if pricked with needles; *crampy* pains; sharp *tearing* and lastly *formicating* pains. If these pains are present in rheumatism, we may prescribe Arnica with success, even if the part is swollen. In

Chronic Arthritis, when similar pains occur, Arnica may likewise help; Vogt recommends it even after exudations and effusions have occurred.

In this connection we may recommend Arnica for

Rheumatic Paralysis, when the brain is in no wise disturbed, except perhaps a little frontal or lateral headache, with formicating, aching, stinging or tearing pains in the paralyzed extremity, creeping chills in this part followed by occasional flashes of heat, nausea, loss of appetite, foul tongue, repletion after eating, constipation or foul-smelling mucous diarrhœa.

In *Traumatic Inflammations* of muscular tissues, Arnica is specifically appropriate; although, in inflammations of an acute character, this agent may be used in alternation with Aconite. If you consider the specific manner in which Arnica depresses the capillary vessels and the absorbent system, you have the proof of its homœopathicity to bruises, contusions, wounds and sanguineous extravasations. Arnica relaxes the contractility of the capillary vessels, hence it favors effusion from the capillaries into the surrounding cellular tissue; at the same time the action of the absorbents is checked by Arnica; hence the effused blood forms a more or less permanent extravasation; and hence the homœopathicity of Arnica to the consequences of external injuries. Contusions and lacerations of the muscular fibre seem to constitute the chief sphere for the therapeutic action of Arnica in traumatic diseases. In wounds of tendinous,

ligamentous, fibrous and serous tissues, Arnica alone will not be found sufficient. You will have to associate it with Aconite or Rhus toxicodendron.

You will find Arnica recommended by most writers for *Sprains* and *Dislocations*. Gentlemen, never depend upon Arnica alone in these affections. The violent strain which the nervous system, or a portion of it, undergoes in these accidents, superinduces inflammatory conditions which inevitably require to be treated with Aconite. You may use this agent internally, and Arnica externally; by this means you will disperse the capillary engorgement, and likewise act upon the contusions and lacerations of the muscular fibre. In dislocations the use of Aconite keeps down the fever, and prevents the exudation of coagulable lymph.

In *Traumatic Fever* consequent upon violent injuries or operations, you must never depend upon Arnica; Aconite is your main remedy.

Speaking of fever let us glance at the

FEVER-GROUP

of Arnica.

In truly inflammatory fevers, by which I mean fevers characterized by heat and dryness of the skin, full, hard and bounding pulse and the other symptoms generally inherent in an inflammatory type, Arnica is not indicated. But it is indicated in so-called *Asthenic Fevers*, by which we mean low, torpid fevers with little inflammatory action. The character of these fevers is typhoid. In *Typhoid Fevers* to which Arnica is homœopathic, the signs of deep-seated gastric derangement are predominant characteristic indications: thick and foul coating on the tongue, slimy or mucous; tympanitic distention of the abdomen, with rumbling and perhaps a dull soreness, or else the opposite condition of diarrhœic stools having a foul smell, attended with tenesmus and softness of the abdominal walls. Other symptoms of gastric derangement, nausea, vomiting of an acrid or foul fluid, even vomiting of blood may be present. Arnica is generally homœopathic to a low type of fever with the character of dissolution. It has even been used in miasmatic *Intermittent Fevers* where this typhoid type in the gastric functions prevailed, and where the general character of the fever was that of torpor. It is very doubtful, however, whether Arnica will prove of any benefit in the intermittent fever epidemics of our own country.

THE EXANTHEMATOUS GROUP

of Arnica is very simple. It has produced an eruption consisting of small boil-shaped tumors; hence we consider it homœopathic to this condition. Teste reports the case of a man of thirty years, of sanguine temperament who had been for several years subject to boils in the face on the neck and shoulders; afterwards they disappeared and gave place to an intense angina of the throat. Arnica cured

the angina, and the boils did not show any disposition to return. I have seen similar results obtained with Aconite.

After applying Arnica to the skin, it has often caused a vesicular miliary eruption, excessive itching and burning, and in some cases attended with swelling and redness of the part; after the eruption subsides, the redness remains for some time, after which the skin which is hard as leather, becomes covered with little scales. It is therefore homœopathic to diseases where the skin becomes similarly affected, and where the other symptoms, more particularly the gastric symptoms, correspond. There are bastard forms of *Varioloid* and of *typhoid scarlatina*, where the eruption may take this form, and where Arnica may prove useful.

ANTIDOTAL.

Hahnemann recommends vinegar as an antidote to the effects of large doses of Arnica. *Camphor* is also recommended.

LECTURE XVI.

ARSENICUM ALBUM.

(*Oxide of Arsenic, white oxide of Arsenic, Arsenious acid*).

THIS is the only arsenical preparation which has been so far used by homœopathic physicians. Metallic Arsenic has been experimented with to some extent upon the healthy organism, but we are not as yet in possession of much clinical experience regarding the therapeutic virtues of this agent.

Arsenic combines naturally with oxygen and sulphur. We have two natural compounds of Arsenic with oxygen, viz.: arsenious acid and arsenic acid. The latter is met with in combination with bases, such as arseniate of silver, soda, iron, lime, etc.

There are two native compounds of Arsenic with sulphur, one termed *orpiment*, the other *realgar*.

Orpiment, also termed King's yellow, is the French name for auripigmentum or gold-paint. It was so named on account of its yellow color, and also because it was supposed to contain gold. Orpiment is used as an ingredient of the so-called "*poudre subtile*," which is extensively advertised in our newspapers as a beautifying depilatory agent.

Realgar, red Arsenic or the red sulphuret of Arsenic, was used by the Greeks, Romans and Arabians, and named *sandaraka, sandarach*. This preparation is no longer used in medicine, but is employed by pyrotechnists and as a dye-stuff.

In the arts, Arsenic has been employed in the earliest ages.

Herodotus informs us that the pinnacles of a portion of the walls of Ecbatana, the capital of the Medes, were painted with sandarach.

In the work "on Ulcers," attributed to Hippocrates, Arsenic is mentioned as a therapeutic agent. Dioscorides, however, is the first author who makes use of the term "*Arsenikon.*"

In the following extract the therapeutic properties of Arsenic are thus described by this author: "Arsenic (by which he seems to mean the yellow sulphuret or orpiment), has an antiseptic, styptic and escharotic power, causing a violent smarting and burning; at the same time it has constringent properties, and takes off the hair. Sandarach has the same virtues; moreover an ointment of red arsenic and pitch cures baldness and leprosy, and, if mixed with oil, it cures phthiriasis. In combination with the oil of roses, it is useful for ulcers of the nostrils and mouth, and for exanthemata and condylomata. It is also given (internally) in the shape of an emulsion for suppuration of the lungs. It is also inhaled, in addition with resin, for inveterate cough, the vapor being drawn in through a tube inserted in the mouth. Prepared with honey it clears the voice, and is given to asthmatic patients in the shape of a drink, in combination with resin."

Plinius, Celsus, Scribonius Largus, and afterwards the followers of Galen acknowledge similar properties of Arsenic.

The Arabian physicians who were the first to mention the white oxide, particularly Rhazes, Mesne, Serapion, Avicenna, state that "all the arsenical preparations are heating and burning. They are a cure for the itch, putrid ulcers, ulcerous lepra, spreading herpes, lice, and likewise asthma; we use them either in the shape of an ointment, or inhale the vapors." This is the doctrine of Rhazes; Avicenna teaches the same thing. One fact may seem exceedingly interesting to an homœopathic physician; it is this: that Arsenic, according to the statement of these ancient Greek and Arabian authors, clears the skin of all superfluous hair, and yet cures baldness. It may be argued that the depilatory action of Arsenic is owing to its escharotic property; but we shall afterwards learn, that baldness is a dynamic effect of poisonous doses of Arsenic, and that a cure of baldness by means of Arsenic takes place in virtue of the great law "Similia similibus curantur."

Van Helmont recommended Arsenic as an external application to ulcers, but he positively opposed the internal use of this drug.

Lemery and Wepfer, author of an interesting treatise on hemlock, opposed the internal use of Arsenic, especially in intermittent fever, with all their might. Many pamphlets appeared in the 18th century in favor of using Arsenic in intermittent fever, but this doctrine was most violently opposed by Stœrck who had himself introduced the use of a number of vegetable poisons with passionate eagerness.

In consequence of this violent opposition on the part of Stœrck and others, Arsenic sank into discredit, until Fowler and other English physicians restored it to a suitable rank among therapeutic agents at the close of the last century.

In 1811 Harless published his interesting memoir on Arsenic in

Nuremberg, Germany. He advocates the claims of this agent as eloquently as they were denied by Dierbach and Hufeland with uncompromising hostility.

It is indeed true that Arsenic seems to poison the very fountain of life; but may it not be made serviceable as a therapeutic agent even in proportion to the intensity of its deleterious powers? Vogt, in his great work on Pharmaco-dynamics, recommends Arsenic as a strengthening agent which promotes digestion, assimilation and secretion and stimulates nervous and muscular activity. This recommendation is based upon the supposed stimulating effect of small doses of Arsenic on the living tissues. Trousseau and Pidoux experimented upon themselves with one-eighth of a grain doses. They experienced a general stimulation such as is sometimes caused by strong coffee. Another striking effect of small doses of Arsenic was to produce a remarkable feeling of vigor in the lower limbs, enabling them to take long walks without feeling tired. The same effect was experienced by Masselot, and described by him in these terms: *Remarkable ability to walk.*

It is said that there exists in some parts of the Austrian Empire, and more particularly in Styria, a class of men who eat Arsenic for the purpose of giving themselves a finer appearance, and increasing their fleshiness.

It is likewise affirmed that the use of Arsenic facilitates the process of respiration during a long walk up the mountains.

At first these toxicophagi are said to eat a little less than half a grain, two or three times a week, swallowing this dose in the morning before breakfast. This quantity is increased very gradually in proportion as the smaller dose loses its effect.

It does not appear that symptoms of an arsenical cachexia are perceived in those who know how to proportion the quantity of the poison to their constitution and degree of tolerance. History records the case of Mithridates, the old King of the Parthians, who had so accustomed himself to the use of Arsenic that this poison had lost all effect upon him. He had contracted the habit of Arsenic-eating as a protection against the poison in case it should be administered to him from evil designs.

It is stated that Arsenic-eaters are affected by the discontinuance of the use of Arsenic similarly to what opium-eaters are, if they are deprived of their stimulant, or topers if they do not imbibe their accustomed potion. After the Arsenic is discontinued, symptoms of an arsenical cachexia become apparent, which Trousseau and Pidoux sum up in these words: "Great indifference for all their surroundings, anxiety for their own persons, gastric derangements, anorexia, sense of repletion in the stomach, vomiting of glairy mucous early in the morning, with pytalism; pyrosis, spasmodic constriction of the pharynx, difficulty of breathing. These effects can only be removed by resuming the habit of eating the poison."

It is likewise stated that Arsenic is given to horses and hogs in order to make them appear fat and healthy before offering them for sale.

Doctor Koepel, in a communication to the Medical Society of Brussels concerning a memoir of Doctor Tschudi on the Arsenic-eaters of Styria and Lower Austria, relates the following curious fact:

"A servant in a noble family wanted to get rid of a rather rigid overseeress. In order to accomplish this object he mixed for a long time small doses of Arsenic in the food of the lady, fancying that the slow effects of the poison would prevent all suspicion. To his amazement he noticed for several months that this lady gained in flesh, and looked bright and cheerful. Seeing that the small doses produced an opposite effect from what he had desired, he mixed a much larger quantity of Arsenic in a chicken fricasee. The poison acted with so much intensity that the cause of the trouble was soon discovered. (Related by Trousseau and Pidoux.")

Some critics, and more particularly Christison, Kesteren and others, doubt the authenticity of the statements made with reference to the Arsenicophagi of the Austrian Empire. Their doubts are based upon the absence of all positive, irrefutable documentary evidence concerning the subject. One, to me, very important reason for considering these statements about the vice of Arsenic-eating exaggerated, is the strictness of the police-regulations, by means of which the indiscriminate use of such a powerful poison as Arsenic is known to be, is rendered impossible in countries like Austria, where the police holds supreme sway, and where no poison can be sold by a druggist without an order duly signed by a physician.

If, however, the practice of arsenic-eating does actually prevail, and is attended with such a general exaltation of the vital powers as we have stated, this effect can only be accounted for upon grounds such as we have endeavored to explain in former lectures. The primary effect of poisonous doses of arsenic is an universal prostration of the vital energies, the specific character of which we shall delineate in a series of cases of poisoning; the effect of very small doses may therefore be a seeming exaltation of the vital functions, in consequence of the organic reaction overcoming the specific disturbing action of the poison, before it has had time to develop its inherent effects; indeed the original quantity was too small to accomplish such a result. It stands to reason that in the case of a confirmed Arsenic-eater, as in the case of an Opium-chewer, an inveterate smoker or toper, the signs of an artificial poisonous dyerasia will make their appearance. I am astonished that Mr. Kestern should have overlooked the physiological law of which Opium-eating and tobacco-chewing furnish such universal and striking illustrations, so far as to predicate his doubt of the actuality of Arsenic-eating upon the alleged fact, that the Styrian peasants who are said to be addicted to this vice exhibit symptoms of poisoning after the discontinuance of the stimulant, which have to be hushed up by resuming its use. The same results, as we said before, are observed from other stimulants, such as: Opium, Brandy and Tobacco.

Pereira gives a very accurate and complete description of the

process of obtaining arsenious acid on a large scale from arsenical iron. This process is resorted to at Altenburg, in Silesia, where this ore is obtained. It consists of a series of very simple operations:

1. Reducing the ore to powder.
2. Roasting this powdered ore in a muffled furnace.
3. Conveying the resulting vapors of arsenious acid into a condensing chamber, where the vapors are deposited in a pulverulent form. These vapors of arsenious acid are called by the German miners *flowers of arsenic* or *smelting house smoke* (Hüttenrauch), the condensed vapors are named *poison-flour* (Giftmehl).
4. Refining the rough acid by sublimation. The glassy mass thus collected on the sides of the iron vessels in which the refining process is conducted, is termed *white arsenic glass, weisse Arsenik-glass;* this is sometimes purified by a second and even a third sublimation.

In some parts of Saxony, Arsenic is obtained as a secondary product in the roasting of cobalt ores, arseniurets of cobalt. It is deposited in long horizontal flues, so-called poison flues (*Giftfängen*), and is purified by sublimation.

Arsenious acid is also manufactured in Cornwall, from the white *mundic* or *mispickel* found with the tin-ore. Mispickel is the name which the German miners give to arsenical iron.

Arsenious acid occurs both in the shape of regular crystals and in an amorphous condition. The crystals are either octohedrons or tetrahedrons. In the amorphous condition, arsenious acid occurs in large, glassy, colorless or yellowish, transparent cakes (*vitreous or glacial arsenious acid*). These masses soon lose their transparency, the opacity gradually extending towards the centre; in some cases, the acid becomes friable and pulverulent. Krueger ascribes this change to the absorption of water, from the atmosphere; he says that such a change only takes place in moist air, and that the weight of the arsenious mass increases in consequence of this transformation. Pereira mentions a fact which seems to confirm this theory; he had arsenious acid enclosed in a glass tube heremetically sealed without its transparency being affected in the least; the tube was subsequently cracked, and the acid soon became opaque.

Arsenious acid is soluble in 80 parts of water at a temperature of 59°, or in 7.72 parts of boiling water. Do not forget that arsenious acid is readily soluble in warm water. A physician who is ignorant or forgetful of this fact, might order warm water in a case of poisoning with Arsenic, for the purpose of promoting vomiting. The effect of such treatment would inevitably be to effect the solution of the poison and to increase its virulence to a fatal degree of intensity.

Arsenious acid is also soluble in alcohol. An alcoholic solution of this acid is used by some homœopathic practitioners.

Arsenious acid has little or no taste, as Plenck, Addison and Christian have remarked. Simon, however, has discovered a sweetish taste to the acid. Both the solid and liquid arsenious acid is inodorous.

A description of the characteristic of arsenious acid in its different forms, solid, pure, liquid, and in organic mixtures, belongs to the domain of toxicology. The solid acid is distinguished

1. By its *volatility*. Heated on the point of a pen-knife in the flame of a spirit lamp, arsenious acid produces a white smoke which speedily disappears.

2. Its *garlic odor*. If arsenious acid be burnt on red-hot charcoal placed in a saucer, metallic arsenic is evolved in the form of vapor, having a garlic odor. At the distance of an inch or two from the embers, this scarcely-perceptible vapor is converted into a dense, white, odorless smoke.

The garlic odor is not peculiar to arsenic; for Orfila has shown that a compound of albumen and fat exhales this odor when heated.

3. *Formation of a metallic crust.* If arsenious acid be mixed with recently-ignited charcoal that has, however, been allowed to cool and to which some carbonate of soda may be added; and if this mixture he heated in the bulb of one of Berzelius' reduction tubes, the deoxidized acid is sublimated, and the condensed vapor is deposited in a cooler portion of the tube in the shape of a crust which is metallic Arsenic and is distinguishable by its brilliancy externally, by its crystalline appearance and grayish-white color whithin, by its volatility and by the results it yields when treated with the various and well-known tests for Arsenic. These tests are described in works on chemistry, and will be fully shown and explained by the Chemical Chair.

For homœopathic purposes we never use the so-called flowers of Arsenic to which allusion has been made previously, for they are frequently found adulterated by admixture with other substances; we use the solid Arsenic, of which we make triturations in the proportion of one to ninety-nine, or one to ten.

The physiologico-therapeutical range of Arsenic is only rivalled by the wonderful health-disturbing, and therefore health-restoring properties of Aconite. To the careful observer the symptomatic resemblances of Aconite and Arsenic must seem striking. The part which Aconite seems to play on the surface of the organic functions, is enacted by Arsenic in the inmost recesses of vitality. The Aconite-fever is evanescent, a chill, or some chilly creepings or shiverings along the back, followed by a moderate degree of heat and moisture corresponding in quantity with the intensity of the previous rise of temperature. The Arsenic-chill, on the contrary, seems to freeze the vital blood in the very laboratory of the heart; the subsequent heat is like a consuming fire burning up the vital moisture of the pores, until a soaking, debilitating perspiration is supplied by the reactive forces of the organism as a restorer of their disturbed harmony.

We may mention typhoid fever as another lesion strikingly illustrative of the differences of action between Aconite and Arsenic. Either of these agents may be adapted to a pathological lesion which we may designate as typhoid fever. And yet how much more intensely is the vitality of the organism prostrated in typhoid fever for which Arsenic is required than in typhoid fever which may be controlled with Aconite. The latter form of typhoid fever may not seem much worse than a severe attack of influenza, with mild exacer-

bations of the fever every evening or afternoon, which are followed by more or less copious perspiration. Other symptoms of a typhoid condition of the system may be: dizziness and dull pain in the head; soreness and inflammation of the edges of the tongue, with dryness, and dirty-looking gray or brownish coating of this organ; unnatural dryness of the skin; soreness and dull expression of the eyes, lachrymation, great nervousness, tendency to start, uneasy sleep, debility.

In typhoid fever, to which Arsenic is homœopathic, all these symptoms would be much more marked; the chill is more racking, the subsequent fever-heat more burning, and the sweats more debilitating. The vital fluids are much more deeply affected by the morbid process; the signs of decomposition more evident; there is a more manifest tendency to the formation of sores and petechiæ; the bowels are either more tympanitic and torpid, or else the diarrhœa is more offensive and prostrating; in the Arsenic typhoid fever the urine is dark-brown, foul and scanty; in the Aconite form of this fever, the urine may simply have a deeper color and some sediment, without the quantity being altered.

We may draw a similar parallel in every disease to which both Aconite and Arsenic are homœopathic. Take a case of *cholera*. A simple attack, with a moderate degree of coldness, debility, cramps in the calves, vomiting of bile and mucus, alvine discharges of serum and mucus, sinking pulse, may often be controlled with Aconite; but would Aconite be sufficient to control an attack characterized by intense burning in the pyloric region, præcordial anguish, excessive retching and vomiting, copious and frequent alvine evacuations followed by sudden and excessive prostration, and attended with marble coldness of the skin, collapse of pulse, unquenchable thirst, most violent and distressing cramps in the extremities? No indeed, Arsenic would have to be exhibited.

It seems needless to continue the contrast any further for the purpose of impressing upon your minds the extraordinary power of Arsenic to penetrate to the inmost fountain of organic life and poison the very emanations of vitality as they diffuse themselves through the tissues. Knowing these deleterious effects of Arsenic, we cannot wonder that this heroic agent should have been proscribed by Lemercy, Hufeland, and a host of lesser lights. The wish has frequently been expressed before judicial tribunals, that the use of Arsenic, being a dangerous rather than an useful agent, might be altogether discontinued in medicine. Hufeland condemns the use of Arsenic in this extraordinary language: "It is my maxim never to make use of Arsenic in intermittent fever, because its destructive effects, even in the smallest doses, of one-tenth of a grain for instance, are incalculable; a cure effected with such doses, is therefore a mere suppression, a pathological death.

One-tenth of a grain is the smallest dose that occurs to the mind of such a veteran practitioner as Hufeland. This good man was like his brethren, tainted with the pernicious notion that a medicine cannot be depended upon as a therapeutic agent, unless it is given in doses large enough to produce medicinal effects. If this doctrine

be true, it may necessarily follow that Arsenic may have to be given in sufficient quantity to act not only as a medicine, but likewise as a poison. I have shown that this doctrine is essentially false, and that a cure is not effected by means of an artificial malady being set up in the tissues, but in virtue of the law that *there exists a higher degree of affinity between the morbific essence and the remedial agent, which is its material type, than between the morbific essence and the organic tissues.* A remedial agent selected and administered in accordance with this law, may be given in a very small dose, so small that this infinitesimal dose may excite the risibility of such silly poëtasters as Holmes & Co.

Gentlemen, if you ever feel tempted to try the highest potencies, select Arsenic for your first experiment. If your medicine is perfectly homœopathic to the case, you may see beautiful effects even from the two hundredth potency. In a case of malignant impetigo, Arsenic effected a most wonderful cure. A baby had been vaccinated with bad lymph. A black pustule formed, of the size of a small walnut, filled with the most destructive ichor. Wherever the ichor touched the sound skin, it formed a phagedenic ulcer. In the space of three days, the whole arm of the baby, the forehead, face, neck, and a portion of the chest and scalp were covered with the most loathsome and dangerous eruption. The eyes were closed. The face looked like one hideous sore. The mother too had caught the disease. Two globules of Arsenic 200 were given dry on the tongue. Twenty-four hours after the medicine had been taken, the eruption had dried up, and in three days the crusts fell off, leaving a sound skin behind. It is not necessary, however, to be frightened, if we should have to give a larger dose; one-tenth and even one-fifth of a grain may be given without causing any untoward symptoms.

There are few agents in Medicine the effects of which upon the healthy body are as well known as those of Arsenic. Unfortunately this knowledge has been obtained through great sacrifice of human life and an incalculable amount of tortures. In the history of poisoning, Arsenic stands recorded as the most common, and the most effectual means of murder and self-destruction. Pope Alexander VI. committed most of his murders with Arsenic. The principal ingredient of the famous *Aqua toffana* or of the *Cantarella*, a popular name for the fatal poison which destroyed hundreds of the first lives of Italy during the reign of Alexander VI., was *arsenious acid.*

In a legal point of view, it is important to know how small a dose may produce poisonous effects, and how long a period of time may elapse before the poison manifests its deleterious effects.

In regard to the first point, there are many facts going to show that a very small dose is sometimes sufficient to produce poisonous symptoms and even to destroy life. Fodéré has seen a case where half a grain of arsenious acid caused violent griping pains in the stomach, colic and dysentery; these symptoms continued until the eighth day. Christison states that five persons were attacked with very serious symptoms from one grain of Arsenic which each of

them took in wine. In a case mentioned by Taylor, a child of six months took one third of a grain of arsenious acid; a woman took one grain and a half, and her husband two grains and a half. All experienced vomiting and violent prostration. The man remained sick for several days.

Lachèze of Angers, a French physiologist, has seen death result from two grains of Arsenic. This quantity was taken in four doses. and within the space of two days. One person died in seven, and another person in ten weeks. Both Christison and Hahnemann affirm that two grains, and even one, are sufficient to cause death in a few days. Dr. Alfred Taylor likewise affirms that from two to three grains may be regarded as a fatal dose.

On the other hand, very large quantities of Arsenic have been swallowed without causing death. Pereira states that on one occasion he opened the body of a man who had destroyed himself with Arsenic. The doctor was informed by the friends of the dead man that a fortnight ago he had made a fruitless attempt at suicide by swallowing half an ounce of Arsenic. The poison was taken immediately after dinner, and the only effect produced was violent vomiting.

Arsenic may be taken for a long time without producing fatal consequences. Renault and Orfila report the case of a servant-girl who was poisoned by her jealous companion. Every day she mixed a little Arsenic in her enemy's dinner. A few minutes after eating her dinner, it was thrown up again before the poison had time to act. This continued for six weeks. The symptoms gradually became worse; violent colicky pains set in, the patient wasted away, the least exposure to a current of air caused spasms and convulsions. She went into the country and gradually recovered her health. The criminal attempt was discovered.

In regard to the time which has to elapse before the poison manifests its effects a good deal depends upon the quantity of the dose; upon the condition of the stomach, whether full or empty; upon the degree of solubility and perhaps upon peculiar idiosyncracies of the patient. The effects of a large dose may be almost instantaneous. A smaller dose of several grains may not exhibit its poisonous effects until several hours after the administration of the poison. In the case of a French lady, Madame Gérard, who had arsenical ointment applied to a scarified tumor of the breast, the first symptoms of poisoning were not perceived until about ten hours after the application of the drug. In this case the poison acted by absorption.

Arsenic exercises its poisonous effects not only on man, but likewise on plants. Jæger whose experiments are communicated in an inaugural thesis published at Tubingen in 1808, states that seeds which have been soaked for some time in arsenious acid, are incapable of germinating, and that buds which have been plunged in it, are no longer capable of expanding.

Chatin poured upon the denuded roots of a plant a few quarts of a watery solution of Arsenic; in a few days, the plant turned *yellow* from below upwards. If only a small quantity of the solution was

used; or if the plant, after the first symptoms of poisoning had made their appearance, was transplanted into fresh soil it soon recovered its health. The application of warmth likewise affected the restoration of the plant. A chemical analysis of the different parts of the plant showed that the poison had been absorbed, but that it was not uniformly distributed through every part of the plant.

According to Jæger's experiments, infusoria are destroyed in an arsenical solution. The extensive investigations of this experimenter show that all animals are liable to the poisonous action of Arsenic. In all of them it convulses the stomach and irritates the mucous lining of the intestines, causing vomiting and increased alvine evacuations. The power of voluntary motion, with the irritability of the muscular fibre, is destroyed by Arsenic; after the death of the animals which Jæger experimented upon with Arsenic, the muscles soon ceased to be influenced by the galvanic battery. In animals which breathe by lungs, respiration became difficult and laborious; and in warm-blooded animals great thirst was experienced.

It is well to note these effects of Arsenic upon the respiratory system and upon the mucous lining of the alimentary canal, as we shall afterwards see that in diseases of the organs of respiration and digestion Arsenic constitutes one of our main remedies.

It appears that horses can bear enormous quantities of arsenious acid without any injurious effects. Pereira states that Berthe, a French Veterinary Surgeon, gave two and afterwards three drachms to a mare for the cure of an obstinate skin-disease, without any injurious effects. It appears from experiments by *Beissenhirz* and *Dalemonde* that it takes from one to two ounces of Arsenic dissolved in water to destroy a horse.

On the subject of poisoning with Arsenic, Hahnemann is recognized as an authority even by Old-School physicians. He is frequently quoted by Christison, Taylor, Flandin and other toxicologists. In his Essay on Arsenic he quotes a host of medical writers, which makes this highly interesting volume one of the most valuable contributions to the vast domain of toxicology. In the November number, 1858, of the North American Journal of Homœopathy, we find an abstract of the contents of this work, for which we are indebted to the indefatigable industry of Dr. Peters, one of the Editors of this instructive periodical. We will transfer this abstract to our pages, with some slight modifications.

Hahnemann distinguishes three degrees of poisoning:

The *first degree* is, where a large quantity is taken under circumstances favoring its full effect; viz.: on an empty stomach, or with heating liquors, in persons with irritable nerves and choleric temperaments, subject to spasmodic and inflammatory affections, or shattered by anger, grief, jealousy or fear, overloaded with acrid bile, or affected with chronic disease.

The poisoned person first experiences a cold shuddering which seems to pervade the whole body; while an inexpressible anxiety, or nausea, which seems to oppress the chest as well as the stomach, a cold deathlike sweat, and a general trembling of the limbs, alternate with one another in frequent paroxysms.

Second, the hands, feet and tip of the nose become cold; blue circles form around the eyes, while the oppressed pulse gains in hardness and quickness.

Third, follow violent attempts at vomiting, which, although very forcible, are fruitless at first, and finally become almost ineffectual from spasmodic closure of the cardiac orifice, and emptiness of the stomach of everything but Arsenic which is tenaciously plastered on its walls. The patient complains of burning and tearing pains in his throat, œsophagus and stomach, and knows not what to do with himself.

Fourth, the Arsenic continues to ravage and destroy the stomach without compelling it to full and relief-affording vomiting; it clings fast to the villi of the mucous membrane, and contracts it as boiling water would. The whole nervous system trembles and struggles.

Fifth, the fruitless retchings, the fever, the frightful chills, the anxiety, the internal heat and unquenchable thirst increase; the breathing becomes quicker and hotter, more spasmodic and violent; and the glistening eyes project from their sockets. The inexpressible anxiety, and the burning, rending and overpowering pain in the epigastrium, torture the patient more and more as they progressively increase.

Sixth, at first the abdomen is contracted; afterwards, when inflammation and irritation of the stomach, liver and spleen occur, it becomes hot and distended; the attempt at vomiting becomes irresistible and incessant; the panting and gasping lungs, the dry and parched tongue, the gaping mouth seek refreshment from cool air and water. The stools and urine are suppressed; the substances ejected from the stomach have a disgusting smell and color, and may be mixed with blood. Cutting and griping pains in the bowels ensue, especially around the navel; the patient is beside himself, so that he neither hears nor sees correctly, while his expression is frightfully anxious and fearful.

Seventh, we now see the evidences of the ascendancy of the corrosive destroyer, which persists in its internal ravages without check or mercy, in the livid, frothy lips, the swollen and trembling tongue, the agonizing expression of the bloated face, the viscid sweat on the cold forehead, and the lead-colored circles around the staring eyes.

Eighth, the miserable sufferer no longer looks like himself, but seems a wretched and tortured stranger from another sphere; he screams frightfully, or whimpers despairingly in broken or angry words for help from agony, fire and death; then turns and struggles violently.

Ninth, soon after this we see signs of loss of feeling and sensation; he becomes more quiet; his heart heaves less frequently; the vomiting ceases; his black parched lips tremble, his pulse becomes extinguished, and involuntary putrid stools of a most offensive smell and appearance occur.

Tenth, the pupils dilate; the death-rattle is heard in the throat of the dying and unconscious sufferer; jerks and spasms convulse his stiffening limbs and his icy-cold face; his stertorous breathing

becomes fearfully slower and slower, and finally, with a last spasmodic gasp a ghastly corpse alone is left, the staring eyes and gaping mouth of which fill us with horror.

This graphic description of the effects of poisoning with a fatal dose of Arsenic is so characteristic of an acute attack of Asiatic Cholera, that we may already at this stage direct your attention to the extraordinary therapeutic powers of Arsenic in this dreadful scourge.

In Hahnemann's *second degree* of poisoning with Arsenic, life may persist for several days; this degree requires more than four grains to produce it; it is most apt to occur in not very impressible, fully grown and not unhealthy persons, especially those who have much mucous in their stomach, or have taken food just before or with the Arsenic, or have drank freely of simple diluent drinks, and have not been harassed with aggravating mental troubles. The phenomena of this degree are similar to those of the first degree, only they occur less rapidly, have various less violent episodes, and intercurrent remissions. The cutting, gnawing and burning sensations of the first degree, are more intermixed with twisting, aching, colicky, griping and gnawing pains; the face swells more; the abdomen is harder, and aphthous vesicles arise in the mouth.

This second degree is characterized by more frequent, offensive and bloody discharges from the bowels, with gradually increasing gripings and less frequent vomitings. The strength of the patient fails more gradually, and his consciousness remains until the last, when convulsions may occur, and incessant hiccough which admits of no palliation or relief. This degree has peculiar agonies which are sometimes wanting in the first. As the pains are less severe and constant, there is more opportunity for the occurrence of remorse, despair, grief, contrition and other mental emotions which harass the soul. The strange admixture of bodily pain and mental agony often finishes what the poison alone was too weak to accomplish, and the more stealthy approaches of death are aided by regret for the past and hopelessness for the future.

Gentlemen, there is no toxicological agent that I am acquainted with, which is possessed of the power of plunging the mind into a state of hopeless despair in the same extraordinary degree as Arsenic. You may therefore note the fact, even at this stage of our pathogenetic tableau, that Arsenic may be employed with signal advantage in mental derangements of a religious character characterized by apprehensions for one's future fate, despair of salvation.

Hahnemann's *third degree* of poisoning with arsenic may arise from the second degree in consequence of insufficient treatment. In this degree the patient may remain alive, but a long-lasting chronic disorder may ensue. Remitting, but oft-recurring cramps occur in the limbs, but especially in the feet; repeated paroxysms of fever set in, attended with colicky pains, spasmodic contraction of the abdomen, intermingled with headache, heat and thirst. After one of these feverish attacks, in which both vomiting and diarrhœa are apt to recur, the whole remaining force of the poison is apt to be thrown upon the limbs; they become paralyzed, or so much contracted that

the patient cannot extend them, at least not the legs. If proper evacuations are neglected, the irregular attacks of fever occur more frequently, the pulse becomes intermittent, the eyes become dim or fixed and sallow, the mouth bitter, the headache and oppression of the heart and chest insupportable, and the contracted limbs are visited with burning, itching-neuralgic pains somewhat similar to those of gout, but not followed by alleviation of the other symptoms. These may be succeeded by a very violent attack of fever, and a miliary eruption over the whole body, the vesicles of which often become confluent and contain an exceedingly acrid fluid. At times the whole affection is terminated happily by one of those critical fevers and eruptions, but more frequently it is not, and the whole aggregate of sufferings is increased, because the remains of the unantidoted or unremoved poison are still considerable. In the latter case, the contraction of the limbs are followed by absolute paralysis; the gout-like pains still rage violently, but the eruption dries up, and the skin peels off; the surface remains tender for a long time; the limbs, especially the feet swell; the irregular attacks of fever still recur, and are attended with stomach-ache and colic; palpitations are not uncommon; and opisthotonos, or the éclampsia of Sauvage, in which there is violent bending of the body backwards, with convulsions and retention of consciousness, may occur. The patient may recover from this, but remain feeble, cachectic, with irregular febrile chills, oppression of the stomach from the slightest food or drink, or with attacks of vomiting directly after meals, bitter unpleasant taste in the mouth, pains in the head, dryness of the skin and eyes, painful and irregular discharges from the bowels, restlessness, dejection of spirits, dropsical swellings, night-sweats, etc. All these symptoms point to the scaling off of eschars and consequent suppurating patches in the stomach or bowels. If these corrosions were not very deep they may heal over and the patient may finally recover.

This third degree of poisoning exhibits the disorganizing powers of Arsenic in a variety of forms. In this last degree of the Arsenic disease, when this agent acts as a slow poison, contaminating life in its inmost principles as it were, the functions of the nervous system are most unmercifully disturbed by the dire destroyer. Contractions and paralysis, fierce neuralgic pains, opisthotonic spasms, mark the presence of the poison; deep-seated gastric derangements, such as have been grouped by pathologists under the names of dyspepsia, gastralgia, colico-dynia, chronic gastritis or gastro-enteritis, chronic diarrhœa and dysentery, are permanently entailed upon the organism; emaciation and an utter prostration of strength, chronic jaundice, dropsy, hypochondria, hectic fever, night-sweats, etc., are the constant companions of the miserable victim.

Hahnemann graphically sums up the effect of slow poisoning by Arsenic as a gradual sinking of the powers of life, without any violent symptoms; a nameless feeling of illness, failure of the strength, an aversion to food and drink, and all the other enjoyments of life.

According to Pereira, the symptoms of long-continued small doses of Arsenic may be summed up as follows: disorder of the digestive functions characterized by flatulence, sensation of warmth, or actual

pain, in the stomach and bowels; loss of appetite; thirst, nausea and vomiting, purging, or at least a relaxed condition of the bowels, and griping; furred tongue, with dryness and tightness of the mouth and throat, or with salivation. Quick, small and sometimes irregular pulse; oppressed respiration, with a dry cough. The body wastes; the stomach is often so irritable that no food can be retained in it. Headache, giddiness and want of sleep are frequently observed. The limbs become painful, feeble, trembling, subject to convulsions; occasionally benumbed and ultimately paralyzed. An eruption makes its appearance upon the skin, and now and then the hair and nails fall of. Swelling of the feet and face is not unfrequent; and the patient gradually sinks, in some cases retaining his consciousness to the last, but at other times delirium and stupor supervening.

Of the acute form of poisoning both Christison and Pereira distinguish three varieties, of which Pereira furnishes the following description:

First form with *acute symptoms of gastro-enteritis:* there is burning pain in the throat and stomach, which soon extends over the whole abdomen. Pain and vomiting are not invariably present. The matters vomited are sometimes bilious, sometimes tinged with blood. Frequently there is a sense of heat, dryness, tightness and constriction of the throat, accompanied with incessant thirst, and occasionally with an almost hydrophobic difficulty of swallowing. The lower part of the intestinal canal soon becomes affected, as indicated by the burning pain which is increased on pressure, by the hard and tense condition of the abdomen, by the diarrhœa which is sometimes bloody, by the tenesmus, and by the occasional heat and excoriation of the anus. There may be difficulty in passing water, with burning pain in the genital organs. The urine is frequently diminished and sometimes suppressed. The pulse is quick, small, feeble and irregular; cold, clammy sweat; irregular action of the heart, giving rise to palpitation; breathing short, laborious and often painful; tongue dry and furred; the membrane lining the air-passages feels hot, and oftentimes painful. Although the symptoms of gastro-enteritis predominate, yet we have symptoms of nervous disorder, sometimes in the form of tremblings and cramps of the limbs, or delirium, and even in the last stage, insensibility; occasionally eruptions; death in twenty-four hours.

From among numberless cases of this kind, we may select the following as illustrative of the irritating action of Arsenic upon the intestinal mucus lining. The case is extracted from Frank's Physiological Magazine.

"A man put two ounces of Arsenic in his wife's soup. She took but little of it as it tasted badly. Half an hour after, she was attacked with violent burning in the throat, and severe pains in the abdomen; the evening and night were passed in great agony, with violent vomitings and burning thirst. She was left until the third day without medical advice, and was then found exceedingly exhausted, with blue circles around her eyes, her tongue and mouth dry and inflamed; she had burning thirst, was excessively fearful, had pains and tremblings in all her limbs, tearing pains in the stomach and

bowels, frequent attacks of ineffectual retching, violent paroxysms of vomiting and incessant diarrhœa; the alvine discharges consisted of mucous and greenish substances. She died on the sixth day. A post-mortem examination revealed the following symptoms:

"Tongue lined with a dirty, yellow coating; the anus gaped open and a greenish substance flowed from it; the blood in every part of the body was black and fluid; the peritoneum was reddened throughout its whole extent; the inner surface of the stomach was almost black, and as if swollen and thickened; the internal surface of the duodenum and upper part of the jejunum were dark-red. Portions of the larynx and œsophagus were almost black. The stomach contained a yellowish-red fluid; the small intestines a moderate quantity of a yellowish substance, and an *unnaturally profuse secretion* of yellowish intestinal mucus; in the cavity of the pleura at least eight ounces of reddish water, and there was a spot on the pleura three inches in diameter, covered with a gelatinous recent false membrane, into which vessels had already commenced to project, although it was so loosely attached to the pleura that it could easily be removed."

This case exhibits all the signs of a malignant form of gastro-enteritis, with tendency to gangrenous disorganization.

Second form: Acute poisoning with collapse or narcotism: faintness or actual syncope, frequently convulsions or paralysis, and sometimes insensibility or delirium. The dose of Arsenic is half an ounce or more.

Pereira informs us that he has seen one case of this form of poisoning. The individual (a gentleman of about twenty years of age) coarsely pounded a lump of arsenious acid and swallowed it. At a rough calculation it was supposed that he took about six or eight drachms of the Arsenic. The symptoms were pain, vomiting, great weakness, with extreme depression of the circulation, faintness, collapse, and death in about four hours. His intellect was clear until a very short time before death, when he sank into a doze. There were neither convulsions nor paralysis. Every attempt was made to remove the poison from the stomach; copious vomiting took place; large draughts of water were administered, and the stomach-pump applied. Notwithstanding these circumstances, more than four drachms of solid arsenious acid in the form of lumps were found in the stomach after death. Their weight had apparently prevented their removal during life.

In the following two cases the narcotic action of the poison is strikingly manifest. The first of these two cases is reported by Christison; the second is extracted from Rankin's Half-yearly Abstract:

"A young woman was caught in the act of swallowing little fragments of Arsenic, and it afterwards appeared that she had been employed most of the day in literally cracking and chewing lumps of it. When the physician first saw her, the countenance expressed chagrin and melancholy, but not suffering. After being forced to drink, she vomited a good deal, but without uneasiness. Two hours afterward, her countenance was anxious, but she did not make any

complaint, and very soon resumed her tranquility. Five hours after the last portions of the poison were taken, she became drowsy, then remained perfectly quiet for four hours more, and at length, on trying to sit up in bed, complained of slight pain in the stomach, and expired without agony."

The second case is equally remarkable as far as the apparent absence of all signs of acute inflammation is concerned.

"A heavy, stupid-looking girl had taken a teaspoonful of white Arsenic. The physician found her sitting in her chair, more asleep than awake; on arousing her she reeled about the room in such a manner that poisoning by some narcotic was suspected. She acknowledged having swallowed *white mercury*, which was recognized by the aid of a pocket-lens to be arsenious acid. She vomited once after dinner, but there were no further symptoms until half an hour before she died, at noon the following day. She had no pain, no sickness, no acrid eructations, no burning taste in the mouth; her face was very pale, and she was faint and giddy. The sulphate of zinc, with mucilaginous drinks, was given her, and soon produced copious vomiting which was kept up for half an hour. The hydrated peroxide of iron was then administered in large doses. At nine o'clock at night she had experienced no pain, no unpleasant symptoms whatsoever. She was disposed to sleep quietly. At ten o'clock the next morning, her aunt came to say that she was quite well, and wanted permission *to go a-gleaning*, but at half past eleven o'clock, while in a more than ordinarily cheerful mood, and engaged in preparing dinner, she suddenly complained of an excrutiating pain in the body, with great prostration of strength. She went to her bed-room to lie down, and at twelve was found dead.

Upon examining the dead body, the stomach was found to contain half a pint of thin, dirty, green fluid; the mucous coat much corrugated, having a fungous appearance, very soft and so fragile that a touch of the finger tore it away. Three or four large reddish-brown patches were observed, extending into the intestines considerably beyond the duodenum. The peritoneal coat of the stomach and bowels was not inflamed. The lungs and the heart were healthy; the head was not inspected. Arsenic was contained in the stomach-fluids.

The *third form is an acute poisoning, with symptoms of gastro-enteritis*, followed by *an affection of the cerebro-spinal system*. The symptoms of gastro-enteritis are first developed. If the patient recovers from these, the cerebro-spinal symptoms sometimes come on; the chief symptom is coma; and the most trifling: a peculiar imperfect palsy of the arms or legs: between these extremities have been observed epileptic fits, or tetanus, or an affection resembling hysteria or madness.

A number of interesting cases referable to this category are reported in Frank's Magazine; one of them will suffice for an illustration.

"Three servant-girls took Arsenic by mistake. The usual gastric symptoms were present: vomiting of blood and discharge of blood rom the anus; they had a good deal of fever, which was followed

by profuse sweats and pains in the teeth; their chests and necks were covered with purple spots. After a lull of the symptoms they all had returns of vomiting, purging, excessive pains in the stomach, inflammation and swelling about the root of the tongue; two of them were unable to speak or swallow, and in twenty-four hours were seized with *trismus and convulsions* of the whole body, in forty hours one of them was in an apoplectic state, breathing with difficulty, with general convulsions, lock-jaw, pale and repulsive face, pulse ninety and weak; when aroused she complained of violent headache, with burning and pain in the throat; both the others became speechless, and were unable to swallow; with convulsive *cramps of the body, locked jaws,* frequent *spasmodic smiling,* bloating of the face, pulse one hundred and six, and strong. The next day two of them were attacked almost simultaneously with headache, followed by violent delirium and loss of consciousness; these symptoms were removed by cold affusions.

Having given a full description of the symptoms exhibited in cases of poisoning, we may as well subjoin in this place a description of the

Post-mortem appearances,

which Pereira sums up in the following concise and exceedingly impressive manner:

When arsenious acid kills by its narcotic operation, no morbid appearances are observable after death. The morbid appearances which are observed in cases of poisoning, may be arranged under the following heads:

a. *Morbid appearances of the alimentary canal:* Symptoms of inflammation, redness and sometimes extravasations of blood into the tissue of the canal; ulceration is frequently observed, sometimes softening of the mucous coat, effusion of lymph or blood, and occasionally even gangrenous spots.

b. *Morbid appearances of the vascular system:* The blood is sometimes, though not invariably, fluid after death, and dark-colored; heart flabby; it is asserted that on its inner surface (particularly the columnæ carneæ and the valves) is observed redness, sometimes diffused, sometimes in the form of spots, which penetrate a line in depth into the substance of the heart. The pericardium usually contains serum.

c. *Morbid appearances of the respiratory system:* Principally redness of the pleura, effusion of lymph or serum into the cavity of the pleura, red spots, and occasional congestion of the lungs, and redness of the membrane lining the air-tubes.

d. *Other morbid appearances:* In some cases inflammation and even gangrene of the genital organs; the conjunctiva is sometimes very vascular, and cutaneous alterations are often observed; rednesss, extravasation of blood and effusion of serum are said to have been seen in the brain. In conclusion, we have to advert to the

Antiseptic properties of Arsenic: Dr. Christison informs us that he has kept a bit of the stomach of an ox for four years in a solution

of Arsenic, and, except a slight shrivelling and whitening, he could not observe any change produced in it.

Another remarkable property of Arsenic is to convert bodies into adipocere, a sort of mummy-like substance; these emit a garlick odor characteristic of Arsenic. Christison believes in this property; others deny it.

ANTIDOTAL TREATMENT.

In a case of poisoning, we use the stomach-pump, and give an emetic of sulphate of zinc, tickle the throat with a feather, and promote vomiting by demulcent and diluent liquids, such as milk, a solution of the white of eggs and water, flour and water, gruel, sugared water, oil and lime-water; the liquid serves to promote vomiting, the demulcents invest the poisonous particles, and the lime-water diminishes the solubility of the arsenious acid. To expel arsenious acid from the intestines, use castor-oil.

2. We use *mechanical and chemical antidotes:* The Cornish miners use olive-oil with confidence.

Charcoal, magnesia, and any inert powder may be used to envelope the Arsenic, and prevent its contact with the gastric surfaces.

The principal chemical antidotes are: the hydrated sesquioxide of iron, or brown iron-stone, magnesia and lime-water. If the hydrated oxyde be not at hand, give the common red oxide of iron rust with water. According to Pereira, these agents only act as mechanical antidotes. We give a tablespoonful to adults, and a dessertspoonful to children every five or ten minutes, until the poisonous symptoms are subdued. This acts well in cases where the poison was taken in solution; it then precipitates the Arsenic as a neutral arsenite of iron.

For the constitutional symptoms we may have to resort to dynamic remedies, such as Aconite, Cinchona, Ipecacuanha, etc. Stimulants may be required for the depression. Castor-oil and Opium may likewise be required, together with the continued use of antidotes.

In regard to the physiological action of Arsenic, we may safely assert that there is hardly an organ in the body which does not perceive the action of Arsenic, more or less. However, we may generalize this statement in a more specific manner by stating that the chief influence of this drug seems to bear upon the intestinal canal, the chylo-poiëtic organs, the heart and the nervous system; also upon the lungs, skin, salivary glands, urinary and sexual organs, upon the ears and eyes.

LECTURE XVII.

LET us now proceed to study the action of Arsenic under the categories which we have adopted for other drugs.

1. CEPHALIC GROUP.

From numberless cases of poisoning as well as from Hahnemann's very systematic provings, we learn that Arsenic exercises a very powerful influence upon the brain. Many of our provers have experienced a dull, heavy, aching, stupefying pain in the head as one of the effects of Arsenic. These different headaches may be classed as follows:

Dull pains in the head, as from a cold, with inability to collect one's thoughts, ill-humor;

Heavy pain, as if the brain were oppressed by a load, with buzzing in the ears; this form of headache might likewise result from a cold, from some violent nervous or bilious derangement;

Throbbing headache, the beating being felt immediately above the root of the nose, or in one side of the head;

Tensive pain, or a painful tightness of the head, such as might result from rheumatic exposure, or from a derangement of the biliary secretions;

Hemicrania, or semi-lateral headache, is one of those distressing affections to which Arsenic is eminently adapted as a curative agent. In this affection the pains are throbbing, heavy and stupefying, tensive; the scalp may feel excessively sore, tender to the least contact. Contact may make the pain worse. Light and noise may be intolerable. The paroxysms recur at more or less regular intervals. These periodical paroxysms of hemicrania may be accompanied with an indescribable feeling of nausea, retching and vomiting of bile, and a most distressing dizziness or vertigo. If these headaches should be traceable to a suppression of intermittent fever paroxysms with large doses of Quinine, we may regard this circumstance as an additional indication for Arsenic.

In general we say that the Arsenic-hemicrania is depending upon deep-seated derangements of the biliary functions. The brain experiences the effects of this derangement; the liver, which is the instrument or organ by means of which the brain carries on the secretory functions of this important gland, may be comparatively free from pain.

Such a case of headache occurred in my own practice. A lady of about fifty years had been attended by me for several years for the most distressing attacks of headache without any benefit. The attacks came on every fortnight or sometimes every month. During the attack she was almost stupid, senseless, unable to speak. Noise and light were intolerable. She vomited yellow and green bile. Her complexion was very sallow, and during the vomiting it deepened

to a cherry-brown. No medical treatment afforded the least relief. Nothing seemed to ease her but a tablespoonful of a mixture of Aloës which she kept for that purpose. As soon as the bowels began to be moved, the pains gradually abated, leaving her completely prostrated. This lady never complained of any pain anywhere except in the head.

Last year the patient died in this city of cancer. It was one of the most remarkable cases of cancerous dyscrasia that could well be seen. The breast, the inguinal glands, the mesenteric glands, the spleen, lungs and liver were all involved in the cancerous degeneration. The liver especially was most remarkably diseased, studded with scirrus degenerations having a grayish-greenish appearance, here and there interspersed with a black-looking and brownish-red substance. The whole organ was much paler than in its natural condition, except around the sores, which were surrounded with rose-colored borders. This cancerous disease had undoubtedly been creeping on for years, and was the cause of her agonizing headaches. These headaches left her after the disease had passed into the ulcerative stage.

If you should ask me: why should the brain be made to suffer in this way from a disease which seems to involve the liver? The answer is very simple. We know that there exists a system of mutual responsibility, as it were, between the brain and the organs which are depending upon it for the energy required in the performance of their functions. The liver is one of these organs. In the case of this lady, the cancerous miasm which the brain was unable to expel or neutralize, reacted upon the central organ of life, thus making it share the burthen of the non-performance of its own mission of supreme preserver and provider of vitality.

In *Rheumatic* or *Arthritic Hemicrania*, where similar phenomena of distress in the head, vertigo and vomiting occur, Arsenic may likewise prove useful. You will not forget, Gentlemen, that constipation is no counter-indication to Arsenic. Remember the extraordinary powers which Arsenic possesses, of prostrating the functions of the liver and of depriving the intestinal muscular fibres of the required stimulus to perform the peristaltic motion.

Another distressing affection where Arsenic exercises wonderful healing powers, is,

Delirium Tremens. If your patient looks sallow, livid, the skin feels dry, inclining to coldness, the pulse is small, irritated, irregular, and the patient requests you to remove the vermin that are crawling on his bed, or is troubled with ugly phantoms, dogs, cats, mice, and the like, you will find a chief remedy in Arsenic.

There are cases of poisoning, where Arsenic has induced all the symptoms of intoxication.

In one case, reported by Christison, there was at first some vomiting, afterwards little else but faintness, sickness at the stomach, a sullen expression, and a general appearance which led those around him to believe him intoxicated.

Add to these symptoms the peculiar weakness and irregularity of the pulse, and the visual phantasmata, and we have a tolerably accurate description of the Arsenic-delirium tremens.

From the symptoms which Arsenic has developed in a few cases of poisoning, we have a right to infer that this agent may affect the brain fatally, through the intermediate agency of the ganglionic system. A case is reported in Rankin's Half-Yearly Abstract, strongly confirmatory of the specific relation of Arsenic to the central nervous mass, the brain.

Harriet T., aged nineteen, a robust and healthy girl, took on Tuesday night, Sept. 1st, about two ounces of fly-water, containing two and a-half grains of Arsenic. It rendered her restless during the night, producing watchfulness and slight pain in the stomach. Next morning she became sick and very thirsty, and the tenderness and pain in the stomach had increased. In the course of the day the sickness became worse, she was repeatedly purged, her countenance looked pinched, and the extremities became cold. On Wednesday night she rallied and became more comfortable and cheerful, but was still thirsty. On Thursday morning she was worse, cold and drowsy, and she was sent to the London Hospital; her countenance was then pale and anxious, extremities cold and bedewed with a cold, clammy sweat; pulse hardly perceptible, and she lay in a state of incipient coma. She then sank, and died in about thirty-six hours after the administration of the poison. The body was examined twenty-one hours after death, and from the appearances present, Dr. Letheby was led to conclude that death resulted purely from coma, as neither the symptoms during life, nor the state of the stomach after death, would allow him to attribute it to the effects of gastro-enteritis.

A post-mortem examination showed that the brain was much congested, and the several ventricles filled with half-coagulated blood. The lungs looked natural; the heart was flabby, and distended with dark, jelly-like blood; hæmorrhagic spots were seen on the endocardial membrane, especially where it covers the auriculo-ventricular valves. The abdominal and pelvic viscera were congested; the stomach was pale and empty, and along the pylorus it had assumed a gamboge tint; Arsenic was found in its tissues.

This case is looked upon as a proof that patients under the effects of a poisonous dose of Arsenic, may die of *coma*. The case before us, if viewed as an aggregate of symptoms, may undoubtedly be looked upon as a case of

Cerebral Apoplexy. Both the symptoms exhibited during the life-time of the patient, and the post-mortem appearances justify this view of the case. There seems no doubt that the post-mortem changes in this case were the result of a direct or sympathetic action of Arsenic upon the brain. The stomach in the present case was found pale and empty. May not the cerebral hæmorrhage have been occasioned by the fact that the vascular life of the stomach had been destroyed by the poison? The brain, in its capacity of supreme

preserver of life, and supreme distributor of the vital fluid among the different organs and tissues, each according to its measure, sends blood to the stomach, but the vessels refuse to receive and circulate this fluid; hence it returns to the brain, as it were, reacts upon the brain, causes plethora, coma, apoplexy, death. In a case of cerebral apoplexy I should not consider Arsenic indicated, unless symptoms of severe gastric irritation had preceded the attack; symptoms justifying the belief that the nervous life of the stomach had become extinct previous to the symptoms of apoplexy setting in.

2. NERVOUS GROUP.

Among the effects of Arsenic upon the nervous system, one of the principal symptoms is

Debility, excessive Prostration, Fainting or *Syncope.*

Many patients who have poisoned themselves with Arsenic have scarcely experienced any other pain than prostration.

A girl fourteen years of age, took about ninety grains of arsenious acid, and died in five hours, having vomited once or twice; she complained of some little pain in the belly, and was affected towards the close with great faintness and weakness. The stomach and intestines were healthy.

A stout middle-aged man swallowed a large quantity of Arsenic in fragments, and died in a few hours; he experienced nothing but feebleness and great tendency to fainting. The stomach and intestines were not in the slightest degree affected during life, and no morbid appearance could be discovered in them after death.

In cases of *Debility,* more particularly when accompanied by emaciation, which is another characteristic effect of Arsenic, neuralgic pains in the limbs, loss of appetite, coldness and dryness of the skin, irregularity, smallness and increased frequency of the pulse, Arsenic will prove one of our main therapeutic resources. We might designate such a group of symptoms as a state of

Marasmus, Wasting of the fatty tissue, *Nervous Consumption.*

We have historical proofs that Arsenic produces a condition of the body resembling marasmus. We find the following case, reported by Rénaut, in Orfila's General Toxicology.

Two chambermaids were living with the same master; one of them conceived such an inveterate jealousy against the other, that she resolved on her destruction. She determined to use Arsenic for this purpose, of which she put every day a small quantity into her broth. A few moments after dinner the food and the poison were both vomited, before the latter had sufficient time to act upon the stomach, so as to produce any serious accidents. Nevertheless, as the same thing was repeated every day for the space of six weeks, the stomach, in the end, acquired an excessive degree of sensibility; she felt severe pains in the bowels, *and wasted to an extreme degree of leanness;* a spitting of blood succeeded; the general sensitiveness of the system increased to such a degree that a simple current of air was sufficient to produce spasms and convulsions. At length, when

her stomach could no longer bear any thing, she went into the country, where her health was gradually restored. Another attempt at poisoning was afterwards made upon her, which led to the discovery of the crime.

We are sometimes called upon to prescribe for a form of *Dyspepsia* which might likewise be designated as chronic gastro-enteritis, and one of the most prominent symptoms of which is general emaciation. The stomach in such cases is very irritable; the patient is unable to retain any food on his stomach; the bowels incline to be loose, with more or less frequent urging to stool; the pulse is feeble, accelerated, inclining to irregularity in the number of the beats; the skin may be dry and abnormally cool, although fever-flashes preceded by creeping chills or shiverings may trouble the patient. For such a group of symptoms, Arsenic is a main remedy.

Marasmus may be the result of rheumatic exposure. It may be characterized by slight symptoms of hectic fever which manifest themselves towards evening or in the night. The patient complains of excessive prostration, asthmatic oppression, palpitation of the heart, lowness of spirits, and very often of paroxysms of acute pain in the limbs. The middle or higher attenuations of Arsenic are eminently adapted to this condition; they may be given in alternation with Aconite from the third to the twelfth.

Marasmus senilis, if not an incurable malady, may find in Arsenic its chief remedy. In this disease, the tissues of the stomach dwindle away, and it is the atrophied condition of this organ that gives rise to the general wasting of the body. We know of no agent that exercises the specific power of affecting the vegetative life of the stomach in the manner in which it is affected in marasmus senilis, as certainly and thoroughly as Arsenic. Hence we depend upon this agent as our main stay in this affection. In

Marasmus or Atrophy of Children, Arsenic is likewise a principal curative agent. Children at the breast are liable to this affection. They lose their appetite, they vomit up every thing that is taken into the stomach; they dwindle down to mere skeletons, look old; the skin assumes a sallow, dingy appearance, is dry as parchment; slimy diarrhœa sets in, hectic fever with regular evening-exacerbations creeps along, the inside of the hands and the soles of the feet become burning hot while the rest of the body remains cold, the little patient gradually sinks into a soporous condition, the pulse becomes filiform and so rapid that it can no longer be counted, and death finally closes the scene. What would we be able to accomplish in this disease without Arsenic? Give it from the sixth to the twelfth potency, and you may be able to save a life which under any other treatment might be sacrificed.

In *Atrophia nervosa, tabes nervosa*, or *nervous consumption*, Arsenic will do capital service. The derangements of the chylo-poiëtic

system which characterize this disease, especially during the first stage point to Arsenic. What are these derangements? Loss of appetite, a feeling of *malaise* and oppression after eating, nausea and vomiting of food, mucus and bile. The bowels become irregular, with alternate diarrhœa and constipation. The patients emaciate, lose their strength, become irritable and feel unrefreshed by sleep. The subsequent development of the disease still points to Arsenic; the evening fever, the burning heat in the hands and on the soles of the feet, the increased frequency of the pulse, the partial sweats, the scanty secretion of a red-looking urine with a thin and opalescent layer of fat diffused over its surface: all these abnormal conditions point to Arsenic.

In nervous consumption, patients often complain of weariness, aching and sore pains, and contractive rigidity of the joints. A case is reported in the first volume of Frank's Magazine, where the poisonous effects of Arsenic continued for months, developing a condition of the system closely bordering upon nervous consumption.

A man, aged fifty-five years, of robust constitution, took five or six spoonfuls of gruel in which six grains of Arsenic had been mixed for homicidal purposes. In a few minutes he was attacked with *violent burning in the fauces* and *œsophagus* down to the stomach, and violent *vomiting of the ingesta*, about forty times in five hours. He drank two quarts of sweet milk, but continued for a week to suffer with violent *burning pains in the stomach and bowels, nausea* and *vomiting*. He obtained relief by drinking copious quantities of cold water and milk; but he suffered ever since *with acidity of the stomach*, and *vomiting even* after light meals. He felt better for a while, but on the first of November, about four months after the first attack, he was suddenly seized without any perceptible cause with *shivering heat, increased thirst, headache at irregular periods*, generally *at night, emaciation, sinking of strength;* after more than ordinary exertions his feet felt weak, he complained of *pains in the joints, trembling of the hands* and *weak eyes*. The temperature of the skin was rather *increased*, the tongue clean, *pulse accelerated*, the region of the stomach *painful to pressure*, the muscles of the extremities *sensitive*, the general functions of the reproductive system not materially impaired.

This case of poisoning portrays a group of symptoms delineating nervous marasmus. The middle potencies of Arsenic may prove useful in such a case.

The distressing affection which is so well known under the name of *Atrophy of the Spinal Marrow*, or *Dorsal Consumption*, likewise pertains in a measure to the therapeutic domain of Arsenic. Pathologists distinguish three stages of this disease, the stages of irritation, that of paralysis, and lastly the stage where the symptoms of hectic fever are fully developed. The symptoms which characterize these three stages respectively, indicate Arsenic as one of the curative agents in this disease.

In the irritative stage, debility and a feeling of exhaustion after the least bodily effort, are prominent symptoms. Another prominent symptom in this stage is the excessive irritability of the sexual

organs and a corresponding desire for gratification. Unnatural self-gratifications and sexual excesses generally constitute one of the chief causes of this disease. The patients experience a sensation as if hot water were poured down their backs; they also complain of a feeling as if ants were crawling over their backs. The lower extremities become emaciated, and the spinous processes of the vertebræ are distinctly seen.

In the second stage, the symptoms of palsy become more apparent; the urinary bladder is paralyzed; the bowels are either bound in consequence of paralysis of the rectum, or else the fæces pass off involuntarily. The emaciation increases, the functions of the special senses become impaired; the sense of vision often becomes extinct.

In the third stage, the symptoms of hectic fever are fully established, with colliquative sweats, bedsores which speedily become gangrenous, complete paralysis of the lower extremities.

Arsenic may not be able to cure this malady, but it may do much to retard its development and to mitigate the dreadful sufferings of the patient. Other medicines, and more particularly Aconite and Cinchona or Quinine may prove indispensable in connection with Arsenic.

We may range in this category a disease to which children are liable, I mean

Atrophia meseraica, or *Mesenteric Ganglionitis, Mesenteric Consumption.*

In this disease the mesenteric glands seem to constitute the battle-ground where the vital forces and the forces of disease meet in fierce conflict. We might look upon the so-called infantile remittent fever as an acute form of mesenteric ganglionitis. In this acute form which, under suitable treatment, may run a course of from two to three weeks, the inflammation of the mesenteric glands is recognized by a stinging, sometimes colicky, evanescent pain deep in the abdominal cavity. This pain is accompanied by fever, first slight chills towards evening, and afterwards heat, with circumscribed redness of the cheeks, irritated pulse, violent thirst, and comparatively clean tongue. In this acute form of the disease Arsenic is not indicated at the outset, but may have to be used in proportion as the symptoms of gastric derangement, the loss of appetite, diarrhœa, and the febrile symptoms become more fully established.

In the chronic form of mesenteric ganglionitis, Arsenic is indispensable in connection with Aconite, Iodine, Mercury and other agents. It is more particularly indicated by complete loss of appetite, tympanitic distention of the abdomen, alternate constipation and diarrhœa, discharges of a frothy or yellowish substance looking like stirred eggs and excoriating the anus. The evacuations may vary in character, and may, in the same individual, assume a variety of forms. The muscles become flabby, the emaciation goes on increasingly, the eyes lose their brilliancy, they look dull, are surrounded with blue margins, the skin feels dry and cold, especially on the extremities, the pulse becomes small, filiform, empty. Here

Arsenic is in its place, even if the glands have already begun to suppurate and the signs of hectic fever are fully established. In this disease I prefer the third up to the sixth potency of this agent.

For the
Marasmus of drunkards, Arsenic in conjunction with Nux vomica, may be prescribed with tolerable confidence.

Among the other nervous affections, to which Arsenic is homœopathic, we distinguish
Tremors or Trembling of the limbs. In some cases of poisoning Arsenic first develops symptoms of gastro-enteritis, and afterwards marked symptoms of nervous disturbance, particularly trembling of the limbs. For this trembling, when accompanied by signs of acute gastric irritation, or when succeeding severe inflammation of the intestines, Arsenic will prove useful.
Mercurial Tremors, attended with salivation, sallow complexion, constipation, emaciation, night-sweats, loss of appetite, may be treated with the low triturations of Arsenic.

Chorea has been successfully treated with Arsenic. If Arsenic is possessed of such extraordinary powers of causing tremors, twitchings, spasms and convulsions, we may surely expect good effects from its use in *chorea*. In a disease of this kind, Arsenic should not be prescribed unless the accompanying constitutional symptoms, such as gastric irritations, irregular bowels, loss of appetite, sallow complexion, dry and cold skin, irregular, irritated, feeble pulse, hypochondriac depression of spirits justify the use of this agent.

The curative virtues of Arsenic in certain forms of chorea may be inferred from the following highly interesting case of poisoning which occurred in England some time ago.
The family in which the fatal accident occurred, consisted of six individuals and a maid servant, the mother, three boys and two girls. The manufacture of certain mineral colors was carried on at their premises. Arsenic was employed as one of the ingredients. Both the factory and the dwelling-house were supplied with water from the same well. It appears that Arsenic, a quantity of which had been thrown into the drain of the factory, had become mixed up through some derangement in the pipes, with the water in the well, and that the poisoning had been occasioned by the use of this water.
Mr. Bickersteth, the surgeon, was first called to West Derby, where the family resided, on Monday, February 16th, and found the mother in a dying state; unconscious, surface cold; the arms being in continued motion about her head. She died in a few hours, but before death consciousness returned for a short time. He was told that the youngest son had died a week previous, as it was supposed, from hydrocephalus. The symptoms, however, of both mother and child, appeared to have been bilious vomiting and purging, with great thirst and head-affections. On this visit the rest of the family

looked rather ill, but did not make any complaint. Two days after, Febr. 18th, Mr. Bickersteth was again sent for. The eldest son and one of the daughters were then suffering from bilious vomiting and purging, with great thirst, not, however, accompanied by pains or tenderness in any part. The daughter felt some curious sensations in her lower limbs; in both the pulse was very quiet.

Upon analyzing the water from the well, it was found to contain four-tenths of a grain of Arsenic to the pint.

The following day, February 19th, the eldest son was better, and so was his uncle, who had only been there one day, and was seized after taking tea in the house. The two daughters, and the youngest son were now suffering. There was great restlessness, indisposition to answer questions, *numbness of the lower extremities, whilst the arms were in continual motion in the air, as if picking at something above the head;* the skin was hot, but not dry, and did not exhibit any discoloration; the tongue was dry and brown, and there was great thirst; the throat seemed dry, and the breathing was quick and audible; the pulse was very quick, 125 or 130, but not hard. The girls did not complain of pain on pressing the abdomen, but the youngest son slightly moved when this was done, though he said it gave him no pain. They had all uncomfortable feelings which they could not describe, but were at this time conscious.

On the following day they were much worse. The breathing and pulse very rapid; *the tongue and lips dry, cracked, and covered with blood and sordes.* The eldest girl was unconscious, throwing her arms, legs and body about in every manner. The other two exhibited the same symptoms as yesterday in an increased degree. Consciousness was fast departing.

On Saturday, 21st, the youngest boy died, the peculiar movement of the arms continuing up to the time of his death. The two girls died likewise. One of the servant-girls was likewise taken sick, but recovered after having exhibited symptoms of a purely nervous character. The workmen, with one exception, were not sufferers.

A post-mortem examination of the youngest son, twenty-four hours after death, revealed the following appearances:

There were no peculiar appearances noticed on the skin, and the muscles of the trunk were of their usual color.

The lungs were adherent on both sides by old adhesions posteriorly; both were conjested with bloody serum, especially the right. The bronchi were *red and injected,* and covered with red mucus.

The heart and pericardium were both healthy-looking; the blood in the body was dark and fluid generally, though there were coagula in the heart.

The trachea and epiglottis presented marks of inflammation.

The liver was slightly enlarged, presented exteriorly many yellowish-green patches, and was internally of a uniform slate or ash-color. Its consistence was normal; and the bile in the gall-bladder was copious and dark.

The œsophagus was healthy-looking. The stomach was contracted, contained some greenish fluid and mucus, but with the exception of punctiform and ramified redness at the splenic and pyloric ends, pre-

sented no unusual appearance. The rugæ were red and vascular; the mucous membrane was not softened or ulcerated.

The commencement of the duodenum was red like the stomach. A few patches of redness existed in the jejunum, and the lower part of the ileum was discolored for about twelve inches, where the solitary glands appeared unusually large and numerous.

The cœcum was dark-colored and congested. The rectum and colon were also discolored here and there, but no ulceration or softening had occurred. The intestines contained a large amount of fæces. Spleen and kidneys were healthy.

Head: sinuses and veins congested; about a tablespoonful of serum existed at the base of the brain, and the same quantity in the ventricles; no softening or formation of false membrane was observed.

This case is reported in full in the North-American Homœopathic Journal. The post-mortem appearances are important, inasmuch as they illustrate the power of Arsenic, to induce inflammatory conditions in the respiratory organs, and in the intestinal mucous membrane. The peculiar movements of the arms may lead us to prescribe Arsenic in chorea, accompanied by, or depending upon cerebral or deep-seated pulmonary disease. In idiopathic chorea, not induced by a sympathetic irritation transmitted from the diseased respiratory or cerebral organs, Arsenic may prove unavailing.

In *Epilepsy*, Arsenic may prove very useful. Christison reports the case of five individuals who partook of a dish poisoned with Arsenic, and they were all violently seized with the usual inflammatory symptoms. But, farther, one had an epileptic fit on the first day, which recurred on the second; and he had besides frequent twitches of the muscles of the trunk, a feeling of numbness in one side, and heat and tingling of the feet and hands. Another had tremors of the right arm and legs on the first day, and several *epileptic fits* in the course of the night. During the next fifteen days he had a paroxysm every evening about the same hour; which returned after an intermission of eight days, and frequently for several months afterwards.

We would recommend Arsenic in *Ganglionic Epilepsy*, as some pathologists term it, depending upon irritation of some one of the abdominal ganglia, more particularly of the superior and inferior meseraic plexuses. In this form of epilepsy the patients complain from time to time of a mixed pain, at times gnawing, at others constrictive, burning or stitching. This pain precedes the paroxysms for a longer or less period of time. Evanescent symptoms of jaundice sometimes show themselves during the paroxysm. Accessory symptoms will of course facilitate the choice of a remedial agent. A leading indication for Arsenic is the periodicity of the paroxysms. Accompanying systems of mental derangement, particularly hypochondria, idiocy or imbecility, likewise indicate Arsenic.

In *Cerebral Epilepsy*, when the paroxysms occur suddenly,

without any premonitory signs showing that the irritation was transmitted to the brain from some point in the peripheral nervous system, Arsenic may likewise be useful. If the paroxysms depend upon, or are accompanied by cerebral disorganizations, suppuration, exostosis, adhesions of meningeal membranes, etc., no curative treatment can be instituted; all we can expect to do is, to palliate the symptoms, for which purpose Arsenic may prove useful.

Ganglionic epilepsy is a curable disease, and is fortunately the most common form of this distressing malady. Dr. Schrœn reports the following case, where Arsenic effected a cure, and where the paroxysms came on at irregular periods.

A robust man of thirty-four years had been subject for two years past to paroxysms of a burning pain in the stomach, accompanied by pressure in the spine, ascending like warm air behind the ears and to the face. He felt dizzy, fell down unconscious, in which condition he remained for ten to fifteen minutes, when the pain left him, but stupor remained. Between the paroxysms he had no pain in the head except in the occiput, and frequent attacks of burning pain in the spine; in the morning he complained of a sweetish taste in the mouth; he had burning in the stomach after eating heavy food; there was burning at the anus, and in the urethra when urinating. He had frequent cramps in the calves. He had had an itch suppressed by ointment. He took eight doses of Arsenic 6, and was cured.

May we expect good effects from Arsenic in

Convulsions? In the cases of poisoning where Arsenic has caused convulsions, we find that they are depending, as it were, upon some previous violent irritation of the stomach and bowels. In Frank's Physiological Magazine the following cure is related, a report of which we extract from the North American Homœopathic Journal, as aptly illustrating our doctrine:

"A melancholic lad, aged eighteen, swallowed a large quantity of Arsenic, and was soon attacked with great anxiety and a cold sweat; these disappeared in a quarter of hour, and he remained well all day. In the evening, a similar attack occurred and disappeared as quickly. During the night he was seized with severe colicky pains, followed by vomiting and diarrhœa; he had violent pains about the navel, his face was pale, sunken and covered with a cold sweat; pulse contracted, frequent and irregular, *convulsions* and other nervous symptoms ensued; he gradually recovered, but for more than a year he suffered with *spasms*, which seemed to commence in the abdomen; with attacks of idiocy and melancholy, and various other nervous affections."

In this case the convulsions and spasms seem to have depended upon the previous gastric irritation. It should likewise be observed that the convulsions were preceded by the breaking out of a cold sweat, paleness, and collapse of the features, and a contracted, frequent and irregular pulse.

In another case, likewise to be found in Frank's Magazine, where

two boys of thirteen and ten, and a girl of fourteen years had been poisoned, two of the children were likewise seized with the most violent spasms, and lay exhausted, stiff, and with their bodies bent backwards. Their hands and faces cold, and covered with cold sweats before the convulsions set in; the little patients were attacked with the most excruciating pains in the stomach.

We infer from these and similar cases, that the convulsions which Arsenic is capable of curing, must be depending upon some intestinal irritation. They may either be symptomatic of acute pain in the bowels caused by some irritating substance, such as bile or even worms, and more especially tape-worm; or they may result sympathetically, in consequence of the violent irritation which a violent attack of acute and perhaps malignant form of gastro-enteritis may transmit to the brain. The condition of the pulse, the general state of collapse, the cold and clammy skin, must, of course, justify the use of Arsenic.

Paralysis is curable by Arsenic. In many cases of poisoning, the extremities have become totally paralyzed. In other cases, the paralysis is partial, the hands, arms, or only the forearms, have been affected.

In most of the cases of paralysis caused by Arsenic, the paralyzed limb experienced painful cramps previous to the paralysis setting in.

Charles Wilson, a Swedish sailor, had poisoned himself with Arsenic by mistake. The poison was promptly counteracted, and for seven days he felt perfectly well. He was then attacked at night with a *violent cramp* in the index-finger of the right hand, successively invading the other fingers, and lastly the thumb, then attacking the other hand in the same manner, and finally the feet, the pain in the hand subsiding as the feet became affected. After a sound sleep he awoke with the affected parts perfectly *paralyzed*. This paralysis was accompanied with a feeling of heat and numbness, which invaded the upper extremities from the tips of the fingers to a point about three inches below the elbow, and the legs from the toes to a point a little below the knee. He also had lancinating pains in these parts, regularly commencing about five o'clock in the afternoon, and continuing until midnight.

The patient was unable to feed himself or stand alone. He was treated in the N. Y. Hospital during a period of seven months and a half with the Sulphate of Quinine, Strychnine and Electricity, when he began to improve. He had had no pain for some time save on the approach of stormy weather, when peculiar painful sensations were perceived in the fingers.

Doctor H. P. Perkins accidentally poisoned himself with 127 grains of Arsenic on July 24th, 1852. After having suffered severely from cramps, constipation and gastritis until May, 1854, he lost the entire use of his feet, legs, arms and hands. He experienced severe neuralgic pains in the paralyzed parts, which continued for two years and a half. The neuralgic pains were confined to the arms, below the elbows, and to the legs, below the hips. They were

never darting in their character, but always steadily increasing to their climax and then gradually decreasing. Cold air or water would always bring them on; they were worst between half-past nine in the morning and eight o'clock at night.

The paralysis was of both motion and sensation, but he remained acutely sensitive in the paralyzed parts to cold.

In his case, sensation was not entirely destroyed. Boiling water poured on the parts that were paralyzed, could not be felt, but ice-water gave him great pain, particularly when neuralgic pains were present.

There was also a remarkable chilliness down the spine.

No fever at any time, no chills, but cold sweats, with excessive thirst; chronic cold sweats about the legs and arms for six weeks; would wet the sheets with the sweats.

Excessive sensitiveness to cold; when asleep, the slightest draught of air, even over his face, would wake him; the opening and shutting of the door would chill him disagreeably.

The cramps were worst in the calves of the legs and in the thighs, but slight in the arms and hands; the muscles could be seen working; the pains of the cramps were so severe that he could not help screaming out. The cramps were most severe from six until nine in the morning; then every half hour or hour during the afternoon; from eight in the evening to next morning he would have no cramps.

The neuralgia did not come on until the cramps ceased; it was most severe in the same muscles in which the cramps had been.

The paralysis did not set in, until just before the cramps left him.

The neuralgic pains did not leave him, until the paralysis began to leave him.

Under the use of the galvanic battery the pains would leave him one hour earlier, and commence one hour later; he could bear the shock so strong that it would knock a boy down.

The feet were entirely paralyzed, also the legs and hands; he could move some of the muscles of the thighs and hips; the upper arms could be moved; he could not feel a pin run into the flesh to the bone; but the slightest cold application could be felt.

We learn from these and a number of similar cases, that paralysis caused by Arsenic, is distinguished by the following characteristic features:

1. It always commences at the extremities;
2. It may be confined to the feet, to the hands, or even to the fingers;
3. It has been known to creep progressively from the hand over the whole arm;
4. It appears to attack more frequently the nerves of motion than those of sensation. Both these forms are sometimes found associated. Anæsthesia may alone be present.
5. The paralysis is preceded by cramps in the paralyzed part;
6. The paralyzed part may be affected with aching or lancinating neuralgic pains.

Paralysis of this kind may occur as a natural disease in consequence of over-work or rheumatic exposure.

The arsenical-paralysis may be accompanied by contraction of the paralyzed limbs or rigidity of the joints. Christison informs us that instead of being palsied, the limbs may be rigidly bent, and cannot be extended. In a case related by Berndt, arising from the Arseniate of Potash, the paralytic affection consisted in the loss of sensation and motion in the hands, loss of motion in the feet, with *contraction* of the knee joints.

This symptom is well worthy of your notice. Paralysis with contraction may arise from rheumatic exposure, or from the retrocession of some psoric eruption either in consequence of impaired innervation or after the use of some astringent wash or ointment.

In a case of this kind, some physicians may feel disposed to give high potencies; others may prefer the largest doses of the lower preparations that it may be safe to administer. Cases may occur where either method may be justifiable.

According to Hahnemann, the pains in the paralyzed part may be of a burning character; these pains may exist without the paralysis, and, although exhibiting a preference for the extremities, they may also invade the spinal column.

Neuralgic Pains may yield to Arsenic. The cases of poisoning which I have related, inform us that these pains may be of a lancinating, aching and burning kind. These pains are particularly felt in the extremities, except the burning pains which may also be felt in the region of the spine. These pains may be caused by exposure, in which case they are not necessarily accompanied by the ordinary signs of rheumatic inflammation. There may also be numbness and formication during a paroxysm of the pains. Remember that periodicity in the paroxysms is a characteristic indication for Arsenic. Excessive sensitiveness to a draught of air is likewise characteristic of Arsenic. In a case of poisoning which I have related to you, this sensitiveness was so excessive that the least exposure to a current of air would throw the patient into spasms. The breaking out of cold sweat on the affected part toward the close of a paroxysm would constitute additional proof for the homœopathicity of Arsenic. You recollect that in the case of Dr. Perkins these cold sweats broke out for about six weeks on the legs and arms in such profusion that the sheets became wet with the sweats.

Neuralgia of the Face may yield to Arsenic. In a case of poisoning reported by Christison, the patient complained of acute pains in the muscles of the face. There was occasional loss of sense. The conjunctiva was injected. In neuralgia of the face depending upon carious teeth, or caused by rheumatic exposure attended with sore throat, swelling of the sublingual and submaxillary glands, soreness of the nose, œdema of the face and head, and consensual symptoms fo gastric irritation, nausea, retching or vomiting, Arsenic may do good service.

In these nervous affections, the presence of an uncontrolable

restlessness in the affected part is an additional indication for Arsenic; it may be accompanied by anxiety and by apprehensions of a vague character.

These pains may occur at night, in regular paroxysms in the extremities as well as in the back. They seem to be seated in the bones, hard, aching, laming pains—so called *bone pains*, or *dolores osteocopi*, attended with excessive nervousness and restlessness. These pains may occur during the progress of syphilitic disease, in which case the mercurial preparations and the mercurial iodides are capital remedies. If these should fail, Arsenic may be given in low doses. This agent may also prove useful, if these bone-pains are the result of mercurial poisoning.

Old-School physicians have been in the habit of employing Arsenic for neuralgia. Dierbach relates an interesting case managed by Dr. Hanselman, where a man of fifty-nine years, who had been reduced to a skeleton by unceasing tortures especially at night, was freed from his sufferings and regained constitutional vigor by the use of Arsenic. Every time he had an attack of neuralgia, the Arsenic was resorted to with success; nothing else seemed of any avail.

In Bouchardat's Annuaire a case is related by Boudin, where a soldier who had been wounded in the cheek and forehead, took twelve grains of Arsenic in the space of three months. At first the pains were intermitting; afterwards they became continuous and intolerable. The least emotion, a change of weather made them worse. His teeth and hair fell out, his visual power became affected, he lost his sleep, he became emaciated. The patient, after having been treated in vain by the first physicians of Paris, finally took Arsenic in doses of one-fifteenth of a grain three times a day, for three months more or less. He was entirely cured and continued to enjoy perfect health when the case was reported, about a year after. It is very probable that a cure might have been affected in this and similar cases by means of much smaller doses.

In some forms of *Spinal Irritation* Arsenic may effect a cure. The following case of cure illustrates in a very striking manner the law of specific homœopathy in general, and the curative virtues of Arsenic in the cases to which it is specifically adapted.

A robust farmer who had been sick for four years and a half, consulted Dr. Schubert on the 12th of January, 1821. He was subject to paroxysms which came on every three or four days, and were characterized by the following symptoms: Loss of appetite, qualmishness and nausea; periodical pressure in the stomach, increasing as the paroxysms became more violent; always coming on after eating, and sometimes when the stomach is empty; little sleep; this lasted two days; on the third day he felt a pressure near the vertebral column, on the right side, a few inches below the scapula; a qualmish feeling and pressure in the stomach; on the fourth day this sensation rose to a point between the apex of scapula and the

column, where it changed to a burning pain as from a hot coal, made worse by the least contact and moderated by gentle exercise; he had frequent startings during sleep; the parts from the left hypochondrium across the stomach were numb; immediately after rising he experienced frequent urging to stool preceded by pinching in the bowels, and followed by burning and sore pain in the anus. The discharges were yellowish and watery, and then became slimy and scanty. Excessive prostration, depression of spirits, fretfulness. The attack was caused by a cold. On a summer's evening he had been sitting on a cold stone; the same evening he felt drawing and tensive pains in the small of the back, and next evening a paroxysm such as described came on. One dose of Arsenic stopped it; in three months there was a slight return; another dose cured him.

LECTURE XVIII.

INFLAMMATORY GROUP.

THE inflammatory action of Arsenic upon the tissues is exceedingly marked, and may lead to the most disastrous consequences. On the other hand, the sad results of arsenical poisoning in this direction yield to the homœopathic physician, and indeed to any physician who intelligently interprets and correctly applies the therapeutic laws of Nature, precious means of relieving suffering and of saving life.

We may consider this Group under four sub-divisions, a. *simple acute,* b. *erysipelatous,* c. *gangrenous* and d. *cancerous* inflammation.

a. SIMPLE ACUTE INFLAMMATION.

The inflammatory conditions which Arsenic excites along the tract of the intestinal tube, are marked by evidences of a deeply penetrating nervous disorder. These inflammations have a malignant character, tending to disorganization, and generally attended with cramps, spasmodic twitches or convulsions.

The following case reported by Brodie in the Philosophical Transactions of the year 1812, gives a very fair view of the inflammatory action of Arsenic upon the abdominal viscera.

Surgeon Tonnelier was called to the house of Mrs. L., to give assistance to her daughter, aged nineteen years, who was reported to be in a distressing situation. He found her extremely faint, kneeling down on the floor of her room, with her head resting on the arms of her brother, being unable to support herself. Her face was unequally red, and covered with sweat; her eyes were half open, red, and suffused with tears; round her eylids was a border of a bright-red; her voice was nearly gone; her breathing short, frequent and plaintive; she experienced horrible pains in the stomach, as if the stomach

were consumed by fire; she made efforts to vomit, which were extremely distressing. This condition of things had lasted four hours when the physician arrived. The patient had taken the Arsenic about 11 o'clock. No symptom of a very distressing nature had made its appearance until the evening: during the day she had been observed often to change color in the face, and showed some other signs of suffering and anxiety; but she was obliged to conceal her pain. She ate a good dinner at two o'clock. At seven in the evening the vomiting came on with great violence; at eight she had a slight convulsion which lasted several minutes, after which the vomitings returned with the same violence as before. As she had refused to drink, the matter vomited amounted to very little: it was composed of a part of her dinner, of a viscous matter, sometimes colorless, sometimes of a pale-yellow; together with some frothy saliva streaked with blood. The patient was put to bed. Her pulse was small, unequal, irregular and very frequent. The epigastrium was excessively sensible, and she felt excruciating pains in the intestinal canal. Deglutition was already extremely difficult; nevertheless they succeeded in making her drink copiously. By this means she vomited more easily and without interruption for an hour. The vomitings then ceased for about ten minutes. The patient rested herself upon her pillow, and appeared to sleep; she was even heard to snore. In a short time the vomitings came on again, and continued until two o'clock.

At a quarter past two, she slept again for eight minutes; stertor, the respiration was slower, then hiccough, vomiting for a quarter of an hour, coldness of the face, hands and forearms; she uttered cries from time to time; her agitation was extreme, all her limbs were contorted; an involuntary evacuation from the bowels took place for the second time since the first manifestation of the symptoms.

At three o'clock, she was a little calmer: she begged of the attendants not to speak of her misfortune. The breathing became still slower, the vomiting increased; there were fresh signs of agitation, frightful dreams; the pulse became imperceptible. At four o'clock she opened her eyes, and complained of being unable to see the light; she lamented her fate: her arms became dead. At five o'clock, her countenance was like ice, her nose and lips of a violet color, the beating of her heart could scarcely be felt; these symptoms were succeeded by a rattling in her throat, and finally death.

Appearances on Dissection.

Externally; contraction of the muscles of the face, insurmountable stiffness of the limbs; a violent color, more or less deep, over the legs, thighs, loins and back; countenance pale, lips violet; a very sensible heat of the body twenty-six hours after death.

Internally: the lungs were extraordinarily distended with blood, through two-thirds of their bulk, and especially in their posterior part. The incisions made into the lungs, showed a compact and tolerably firm texture; on the slightest pressure, blood oozed out without any appearance of air-bubbles, from a multitude of minute

points on the cut surfaces. The anterior part of the lungs was red on the surface, and for the rest, tolerably elastic and filled with air.

Both ventricles of the heart contained very black blood. The left ventricle contained more than the other.

The stomach was greatly distended by the fluid with which it was filled; on its external surface was seen an infinity of small vessels injected with blood. The intestinal canal exhibited the same appearance as well on its external as internal surface, in some parts of its extent. The liver and spleen were likewise very much engorged with blood.

The stomach, having been emptied, and laid open throughout its whole extent, presented a surface apparently grained, which appearance was caused by the increased bulk of the mucous glands, the color of which was blackish; whilst the stomach itself was red, more or less dark, and sprinkled here and there, especially towards the pyloric orifice, with extremely black spots.

The epithelium of the mucous membrane was entirely removed.

There was found in the fluid taken out of the stomach a cyst, formed, according to Professor Dupuytren, by an expansion of the mucous membrane of the stomach, in which some vestiges of the vessels could still be perceived. It was about an inch and a-half long, eight lines in diameter, and its sides were about half a line in thickness. From the interior surface of this cyst, were given out very thin partitions of a cellular texture; and which contained, in separate cells, unequal fragments of a crystalline matter, which being submitted to several experiments by Dupuytren and Vanquelin, presented all the characteristics of Arsenic. This girl had attempted to poison herself on two previous occasions, and Dupuytren is of opinion that the production of this cyst belongs to these two anterior poisonings. This opinion appeared to him to be strongly supported by the circumstances that the patient complained of continual pains in that part of the stomach corresponding to that where the cyst was found.

In all cases of

Gastro-enteritis, to which Arsenic is homœopathic, we shall find nausea, retching and vomiting of mucus, bile and blood; burning pain in the region of the stomach and bowels, with excessive tenderness to contact or pressure; tympanitic distention of the bowels or else diarrhœic discharges consisting of water, flocks of mucus, slime, blood, attended with more or less distressing tenesmus and agonizing pain in the bowels. The mouth and throat are parched, the patient craves drink of which the least quantity excites the vomiting. The tongue looks parched, like raw and scorched hide covered with a thick, yellow coating. The respiration is hurried, the countenance expresses anxiety and distress; gradually the features assume the pinched and sunken appearance which pathologists designate as the hippocratic countenance. The pulse is frequent, small and irregular, the extremities are cold, and may become more or less convulsed as the pain augments in intensity.

In this disease it may be necessary to give Arsenic in low doses,

from one hundredth to one ten thousandth of a grain, and to repeat the latter dose every half hour until a decided improvement in the symptoms becomes manifest.

In *Chronic Gastro-enteritis,* Arsenic is likewise eminently useful. It is indicated by irritability of the stomach, occasional vomiting of food, a sensation of oppression after eating, aching and sore pains in the epigastric region, paroxysms of tympanitic distension of the bowels or flabbiness of the abdominal walls, alternate constipation and diarrhœa, the discharges consisting of loose, yellow stools, or slimy, fatty, purulent matters, with more or less tenesmus, sense of excoriation at the anus, debility, loss of flesh, more or less vascular excitement, sallow complexion with occasional feverish flashes, dull and heavy pains about the head. The tongue may exhibit a whitish or yellowish coating, the tip and edges look inflamed, the mouth and pharynx feel dry, which induces a frequent craving for drink. Patients who are suffering with an affection of this kind, are disposed to long for stimulants and tonics, such as wine or a little brandy.

Arsenic from the third to the twelfth potency may reach such a case.

Gastritis is a disease to which Arsenic may prove homœopathic. Among the organs to which Arsenic seems to hold some specific relation, the stomach occupies a prominent rank. We know that Arsenic may cause inflammation of the stomach even when administered by the skin. Schulze reports five cases in Hecker's Critical Annals of Legal Medicine,* where Arsenic was sprinkled upon the hair by mistake for hair-powder. One of the patients died; two were attacked with more or less dangerous symptoms, and the remaining two had a violent inflammation of the pericranium. In the fatal case, death did not occur until the twenty-second day after the accident occurred. The hairy scalp was found gangrened and infiltrated with fluid blood. The stomach was also very much *inflamed.* In the two persons who suffered most, erysipelas of the pericranium did not make its appearance until six days after the use of the powder.

The retching and vomiting of mucus, bile and blood; the excessive sensitiveness of the præcordial region; the burning pain in the region of the stomach as if this organ were consumed by fire; the agonizing thirst with inability to swallow the least drop without causing distressing vomiting; the inflamed redness of the tongue; the heated breath, the expression of agony in the features, the icy-coldness of the extremities and the excessively rapid, irregular, feeble and tremulous pulse: all these symptoms are so many indications for Arsenic which is capable of reproducing them all in the tissues in health.

It might be interesting to inquire whether Arsenic causes gastritis by its direct, irritating action upon the coats of the stomach. We

* *Hecker's Kritsche Annalen der Staatsarzneikunde* Vol. I, p. 143–159.

have shown that it may develop gastritis by absorption. There are many cases of poisoning on record where Arsenic in substance was found in the stomach without the least symptom of organic lesion being present.

Chaussier reports the case of a robust middle-aged man who swallowed a quantity of arsenious acid in large lumps and died without showing any other symptoms than slight syncope. On opening the stomach, it was found to contain the arsenious acid almost in the state in which it had been swallowed. It was impossible to discover the slightest erosion or inflammation in the alimentary tube.

Etmüller, in his Ephemerides of Natural Curiosities, speaks of a young girl poisoned by Arsenic, in whom neither the stomach nor intestines presented any signs of inflammation or gangrene; nevertheless the Arsenic was found in this viscus.

Other cases of a similar character might be mentioned.

In these cases Arsenic destroyed life by its action upon the cerebro-spinal axis. Hence we infer that unless the stomach is endowed with a certain amount of reactive vitality, the poison cannot exhibit its irritating effects upon this organ. It would seem, therefore, that Arsenic does not corrode the stomach solely as a chemical agent, but that a principle of dynamic vital resistance seems involved in the post-mortem phenomena of disorganization observed in cases of poisoning by Arsenic. Hence we have a right to recommend Arsenic as a remedy for gastritis upon the ground of its dynamic homœopathicity to this disease.

Stomacace is another inflammatory disease to which Arsenic is homœopathic. Arsenic causes inflammation of the mouth, tongue and fauces. In the case of Dr. Perkins, one of the first symptoms of the poisonous action of Arsenic was a *crimson line on the gums*, which has likewise been remarked in other persons. A bloody, fetid, ichorous saliva may be secreted. The mucous membrane exhibits whitish patches, as if the epithelium were destroyed; or it has a livid appearance: in some cases of poisoning, the buccal cavity has exhibited a bluish-red color. A burning heat and dryness and a foul taste are complained of. Arsenic may likewise cause the teeth to fall out.

What are the leading pathognomonic signs of Stomacace? First, the gums begin to swell, they look dark-red, livid; they feel dry and burning-hot, and show a disposition to bleed. Gradually the gums, along the upper edge, become pulpy, with a yellowish, blackish appearance; the subjacent mucous membrane looks red and bleeds readily. In consequence of the destruction of the alveolar border of the gums, the teeth may fall out. The sublingual glands are swollen, secreting a corrosive fluid.

All these symptoms correspond with the action of Arsenic upon the gums, sublingual glands, and the lining membrane of the mouth.

The constitutional symptoms accompanying the buccal disorganization, likewise point to Arsenic. The patient's face looks pale, the

eyes retreat into their sockets, they are surrounded with blue margins. The bowels may become tympanitically distended; diarrhœic discharges take place having a sour smell and looking like stirred eggs. Shreds of mucus are mixed up with the stools. The mucous membrane of the rectum is corroded by the ichorous matter from the mouth, and tenesmus sets in.

The breath of patients affected with stomacace, has a penetrating, pungent, foul odor. Their pulse is jerking and hurried, the skin hot and dry; in the last stage the extremities become cold, and the face becomes pinched and remarkably pale.

Contrasting these symptoms of the disease with the effects of Arsenic, we shall find that this agent occupies a prominent rank among the few remedies which are adapted to *Stomacace*.

Even in *Mercurial Stomacace*, Arsenic may prove useful.

b. Erysipelatous Inflammation.

We know from several cases of poisoning with Arsenic that this agent is capable of causing erysipelatous inflammation.

Wibmer relates a case where the powdered Arsenic was applied to the scalp by mistake for hair-powder. The poison caused a violent swelling of the head and face, followed by erysipelas of the face, neck and abdomen, and a pustulous eruption on the hands.

Belloc relates the following case in his "Cours de Médecine Légale," page 121: A woman of fifty-six years, of good health, but of a delicate and very irritable constitution, washed her whole body with a solution of Arsenic, obtained by boiling the poison in common water. She was affected with an itch, against which the ordinary means of cure proved unavailing. She swelled up enormously, and became covered with a general *erysipelas*. For several days she felt as if consumed by fire. The itch disappeared, but this unfortunate woman was taken with trembling in all her limbs, and finally died after dragging a miserable existence for two years after using the wash.

The erysipelatous inflammations to which Arsenic is homœopathic, are of a more or less malignant nature. They may be accompanied by enormous swelling of the inflamed part, and excessive burning with tendency to gangrenous disorganization. The curative virtues of Arsenic in this form of erysipelas are beautifully illustrated in the following case, reported by Dr. Schreter:

"A farmer's wife, aged 50 years, was attacked with inflammation of the arm, which, after the lapse of eight days, terminated in gangrene. Two of her relatives had died with the same disease. Dr. Schreter, who was consulted on the twelfth of June, 1828, found her with the following symptoms: Her left arm was swollen, densely covered with black pustules which emitted a fetid odor; some parts looked like a gelatinous grayish-white mass; alvine discharges of a dark-green mucus; pulse quick and small; prostration. A cure was achieved in twelve days with Arsenic 30.

Erysipelatous Inflammation of the Scrotum, of a malignant nature,

with swelling of the testicles, may be cured with Arsenic. Alberti mentions a case where the internal use of Arsenic caused swelling of the testicles. (See his Jurisprud. Medica, vol. I., p. 167.) Another case is related by Dierbach, Mat. Med. vol. III., p. 756. The scrotum was swollen, inflamed, covered with gangrenous bullæ; the patient recovered.

c. Gangrenous Inflammation.

We know that Arsenic will cause gangrene. It may cause gangrene by its direct action upon the tissue with which it comes in contact, and by absorption.

Flandin reports the following case of poisoning where Arsenic caused a disorganization of the stomach which seems to have been of a gangrenous character.

I am aware that Christison doubts the gangrenous nature of the disorganizations discovered in the stomach in this case. Flandin who reports the case in full in Dr. James' own words, makes no comments upon his statements, and seems, on the contrary, to accept them as correct. Taylor, Wibmer and other toxicologists, mention sphacelus of the stomach as one of the occasional, although rare effects of arsenical poisoning. Here is an abstract of the case:

Soufflard, a man condemned to death, swallowed nearly three hundred grains of Arsenic. After drinking water he was immediately seized with violent vomiting. When first seen by the physician his features looked horribly altered. His lower lip looked as if it had been cauterized; the mucous membrane was white, cracked and exceedingly painful when touched ever so little. The tongue was swollen and looked grayish. The patient complained of a horrid taste in the mouth and throat. The pulse at the wrist was scarcely perceptible, small, wiry, irregular; the skin was cold as marble; it was covered with a clammy sweat, especially on the forehead and temples. From time to time the patient stretched his limbs, and after having left them straightened out for a few moments, he let them sink into a state of complete relaxation. He complained of a horrible pain in the stomach as if burnt by fire. Two hours after having taken the poison the patient was seized with a violent chill and chattering of the teeth; at the same time the muscles of the face were frightfully contorted. The bowels were moved involuntarily, the discharge had a yellow appearance. The respiration became moaning and hurried; the skin was icy cold and the face showed a death-like pallor. The pulse had disappeared. Vomitings and alvine discharges of a yellowish substance took place. There was an excessive urging, but inability to urinate. The patient was exceedingly restless and suffered horrible tearing pain in the bowels. Towards the last, the abdominal walls were very much contracted and drawn towards the spinal column.

A post-mortem examination revealed the following facts: bright redness of the gums, the inner surface of the cheeks, the curtain of the palate, the uvula; considerable swelling of the tongue; grayish and sanguinolent patches scattered over the inner surface of the

pharynx and œsophagus. The stomach was found completely disorganized. The mucous coat was transformed into a blackish, glutinous pulp which it was quite easy to detach. Underneath this pulp a bleeding, granular surface might be seen, resembling sores that are covered with gangrenous vegetations. In some portions of the stomach, the serous coat seemed to be alone left; near the pylorus, a grayish spot about three fingers in width was seen, which looked as if tanned. The mucous membrane in this region looked as if it had been cauterized with an acid. The vena porta was found enormously distended.

In this state of dreadful suffering the patient retained his consciousness to the last moment.

This case of poisoning gives us a fair view of the functional phenomena which are observed in gangrenous inflammation of the mucous coat of the stomach, violent chill, burning pain in the stomach as if consumed by fire, excessive sensitiveness to pressure of the epigastric region and the region of the stomach in particular, constant retching and occasional vomiting of foul mucus, bile and blood; an unquenchable thirst, vomiting being provoked by the least portion of liquid introduced into the stomach, inflammatory redness of the tongue which may be slightly coated; coldness of the extremities, excessively hurried, feeble, filiform, irregular pulse; pallor of the countenance, expression of distress and agony in the features; these are some of the distinguishing features of this dreadful and so often and speedily fatal malady.

In this disease the second trituration, and even the first centesimal may be given without hesitation in half-grain doses every half hour until the disease seems checked in its fearful progress.

Arsenic has caused gangrene of other parts, such as

Gangrene of the Penis and Vulva. In one case, reported by Pfann, the glans penis assumed a livid appearance, became swollen and cracked. In another case, reported by Degner, in his "Acta Naturalia," the penis became swollen, inflamed and gangrenous, with horrible pain. Stahl, in his treatise on "Medical Chemistry and Physiology," reports a case of sudden gangrene of the penis by Arsenic.

In a case of gonorrhœa, with phimosis, the prepuce and anterior half of the penis became suddenly attacked with gangrene; the pains were frightful; fetid and foul blood was discharged from the urethra. After Arsenic 30, the upper portion of the prepuce came off in twenty-four hours; the gonorrhœa ceased likewise.

Gangrene of the Tongue has been caused by Arsenic, as we may infer from the case reported by Baylies, where the lips and tongue exhibited a bluish appearance.

Malignant glossitis may terminate in gangrene. If gangrene threatens to set in, the constitutional symptoms which show themselves in every other form of gangrene, will become manifest, such as: coldness of the extremities, sinking, irregularity and extraordi-

nary frequency of the pulse, expression of agonizing distress and livid pallor of the countenance. A flow of ichorous, sanguinolent saliva; a cadaverous odor from the mouth, and the sloughing off of shreds or patches of lining membrane and parenchymatous tissue, mark the presence of a fell and destructive disease.

Arsenic from the third to the sixth or even eighteenth potency may be most appropriate.

In *Diphtheria*, Arsenic is resorted to if the pathological process threatens to terminate in gangrene.

Gangrene of the Extremities is supposed to have been caused by Arsenic. The case was originally published by Dr. Forget of Strasburg, and transferred to the columns of the North American Homœopathic Journal by Dr. Marcy.

A man, sixty-three years of age, took two ounces of Arsenic: an hour afterwards, vomiting came on, accompanied by colic and frequent alvine evacuations. Nine hours after the ingestion of the poison, the face was pale and haggard, the extremities cold, as well as the nose and ears; the pulse small and quick, the tongue moist and icy, and the weakness very great. There was much pain in the abdomen, the stools were very fluid, but the intelligence was clear, and the answers slow.

The patient took the sesquioxide of iron, and ether, and had sinapisms applied to the arms and legs. After this, vomiting recurred, and in two hours reaction was established; the extremities became warmer, and the face was less pinched and more animated. The reaction increased for a little while, the symptoms became less marked, and two days afterwards the effects of the poison had entirely disappeared. *Severe pain in the left leg* was, however, complained of, and that limb was somewhat cold and tender on pressure. This pain went on increasing; *the pulsations of the femoral artery became gradually weaker, and mortification set in.* Amputation was performed ten days after the Arsenic had been taken, but the patient rapidly sank; *sphacelus occurred in the stump,* and he died twenty days after taking the Arsenic, and ten days after the amputation.

It may be doubted whether the Arsenic caused the gangrene in this case; but this would not invalidate the curative adaptation of Arsenic to this disease. In the present case, the patient may have been predisposed to gangræna senilis, and the poison may have given the disease a preternatural development. But even taking this view of the case, the power of Arsenic to develop gangrene of the extremities, is not disproved thereby. For, it is questionable whether the disease would have been thus prematurely developed under the influence of other poisons.

In *Humid Gangrene*, when the parts look livid, with scaling off of the epidermis and effusion of a turbid fluid in the subcutaneous tissues, Arsenic is one of the most important constitutional remedies.

Gangrene of Hospitals, or *Hospital Gangrene* has to be treated with

Arsenic. In hospitals where the air becomes vitiated by the crowded state of the wards, ulcers often assume a malignant aspect and become gangrenous. The secretion of pus is interrupted, and the sore becomes covered with a grayish and tenacious sanies. The gangrenous process extends from the centre of the sore towards the edges which become inflamed, swollen and everted. The constitutional signs of this destructive malady gradually and rapidly manifest themselves. The middle potencies of Arsenic from the sixth to the eighteenth are adapted to this disease.

Gangrene of the Lungs, or *Necro-pneumonia*, is another affection where Arsenic may palliate the symptoms, if a cure should be impossible. The only pathognomonic symptom of this disease, according to Dr. Stokes, is the extraordinary and disgusting odor of the breath and expectoration, which is generally constant. This symptom is sometimes so prominent that no one is willing to go near the patient. The gangrened portion of the lungs is of a purple, greenish or blackish tint externally. On cutting into the parenchyma, it may be found engorged with a bloody serum, or a fluid may run out of it which has been compared to a mixture of soot and water. Two interesting cases of this disease are reported in the American Medical Intelligencer of August 1st, 1838, and Oct. 15th, 1839. Arsenic is one of the few remedies, and perhaps the only one that may prove useful in this disease. We prefer the middle potencies from the fourth to the twelfth.

In *Gangrene of the Bronchia* Arsenic may be depended upon as an energetic remedial agent. Under the name of malignant bronchitis, Schœnlein gives the following characteristic description of this disease: "Towards evening the patients are attacked with a violent burning pain, particularly under the manubrium sterni; this pain is accompanied by a peculiar oppression of breathing; the chest of the patient feels as if constricted; respiration is carried on with the abdominal muscles. If the patient attempts to expand the chest, the burning sensation under the sternum increases. Even now a peculiar rattling is heard, arising from the mucus which fills up the bronchia up to the point of bifurcation. This accumulation of mucus in the bronchia excites paroxysms of cough, during which the patients breathe with their necks stretched forward and the face assumes a livid hue; the patients raise a little greenish-yellow mucus which is sometimes tinged with blood. The pulse becomes very rapid, though not hard or jerking; the skin is burning hot and the patient is tormented by a violent thirst. This disease may terminate the patient's life quite suddenly."

A post-mortem examination shows that the mucous lining of the bronchial tubes is dark-red, often even of a cherry-brown, bluish or violet color. In the smaller bronchial ramifications it assumes a still darker hue, until finally it looks almost black.

It is evident that Arsenic is homœopathic to these symptoms. It may be given from the fourth to the twelfth potency.

Angina gangrænosa may be advantageously treated with Arsenic. In this disease the tonsils become covered with a yellowish exudation which soon changes to a grayish-yellow color. This layer of exuded mucus frequently spreads over the back part of the pharynx, the inner surface of the cheeks and even the lips. It may even involve the larynx, causing paroxysms of choking and cough with expectoration of lumps of purulent mucus. The breath has a cadaverous odor. There is violent fever, dulness of the head, a frequent pulse which it is sometimes impossible to count. The skin is burning hot. Towards evening the patient becomes delirious. The delirium is at times furibond, at others bland.

This disease is most frequently met with during epidemic scarlet-fever. It may occur before, during or after the fever.

There are very few drugs that share with Arsenic the extraordinary power to produce gangrenous disorganizations of the mucous lining. In one case the upper portion of the larynx and œsophagus were almost black. Arsenic causes dryness and burning of the throat, with excessive pain when swallowing, and inability to do so. It causes great thirst and a constant craving for cooling drinks. It likewise develops all the croupy symptoms which may characterize this disease in its last stage: bluish color of the lips and face, bloating of the lips and face, expression of distress and agony in the features, hoarseness and even loss of voice, excessive wheezing and agony of breathing. The feeble, tremulous, galloping pulse and the icy-coldness of the extremities indicate Arsenic.

The symptoms which characterize
Putrescence of the Uterus, indicate the use of Arsenic in this disease. The creeping chills, the hot and dry skin, the hurried and filiform pulse, the peculiar alteration of the features, the restlessness and anguish, the unquenchable thirst, and, at a later period of the disease, the offensive, colliquative diarrhœa and the retention of urine, point to Arsenic as one of the remedies in this distressing and dangerous affection.

Anthrax or *Pustula maligna* is another gangrenous disorganization with a short description of which we will close the chapter on this class of diseases.

First, a dark-looking, slightly raised papula is seen upon a hard base, the indurated sub-cutaneous cellular tissue. After the lapse of twenty-four or thirty-six hours, a small vesicle or bulla starts up at the summit of the papula, having a lead-colored appearance, and filled with a reddish, serous fluid. The accompanying fever is violent, at first inflammatory, erethic, and afterwards running into the typhoid type. The patient looks pale, the pulse is small, quick, feeble. After the vesicle breaks or collapses without breaking, a dark-gray, black, generally compact scurf forms, surrounded by a rose-colored areola. The affected part may swell up, having a livid, bluish appearance. Among the medicines which may be required

for the cure of this disorder, Arsenic may be mentioned as occupying a prominent rank. If the fever is high, Aconite may be given in alternation with, or previous to, Arsenic. In

Anthrax of horses or cattle, or *Contagious Carbuncle, Glanders,* Arsenic will be found useful. The fourth up to the twelfth potency may be most useful. It is well known that this disease is not only contagious, but that the contagion may remain so permanently and tenaciously fixed that even the tanned hide of a glandered beast may still infect persons in a suitable state of receptivity.

d. Cancerous Form.

For years past, Arsenic has been looked upon, and has been extensively used as a remedy for cancer. There is no doubt that Arsenic is capable of exercising a powerful modifying influence over cancerous ulceration. Several interesting cases of cure of this disease with large and small doses of Arsenic are on record in the archives of homœopathic literature. We will only relate the two following; the first being a case of *cancer of the lips* reported by Dr. Attomyr:

A little girl six years old, lost the left half of the upper lip and the soft parts of the face as far as the malar bone, and laterally a good portion around the left corner of the mouth, by a cancerous ulceration. Arsenic 6, a dose every eight days, affected a cure within six weeks.

Another case of cancerous ulceration is reported by Dr. Lobethal, who treated a woman of seventy-one years for a *cancerous ulcer* in the face with Arsenic 30 internally, and an ointment made of hog's lard and Arsenic 30 externally; the carcinomatous character of the ulcer disappeared, and the ulcer healed down to the base; the cure was complete by giving Silicea.

The other case is a case of *Cancerous Ulceration of the Tongue,* reported by Charles Lane in his "*Collection of Select Cases.*"

A man, twenty-three years old, applied for help in June 1813. He had a very unclean ulcer under the tongue. Some time ago he had a similar ulcer on the tongue, but it had been healed. Upon examining the tongue, I discovered in the place where the healed ulcer had been, a deep irregular fissure, with raised, shaggy, hard edges, which communicated with the ulcer below. Upon introducing a probe, it penetrated through the substance of the tongue into a deep-seated ulcer at the root of the tongue, and thence into the pharynx. The sore looked most hideous, and was evidently cancerous. Deglutition was exceedingly painful, and he complained that the pain had extended of late behind the ears as far as the occiput and nape of the neck. He had been put on mercurial treatment which had made the matter worse. The general health of the patient had been very much shattered, his pulse was small and tremulous; the least exertion exhausted him; his hands were cold

and clammy, and his strength prostrated. This frightful disease was cured by a solution of Arsenic used internally and externally, (probably Fowler's solution.)

Cancer of the Chimney-sweep may be treated with Arsenic third to sixth, or higher. In this affection the ulcerous process proceeds from the lower part of the scrotum, where a superficial, painful ulcer, with hard and elevated edges first develops itself.

It would be absurd to recommend Arsenic as a panacea for cancer; but we know from experience that it may afford relief even in cases where no cure is possible. The external use of Arsenic in cancerous affections may be advisable, provided the utmost caution is used as regards the dose. A physician in Paris uses a secret wash in cancer of the womb, the application of which to the cancerous sore affords great relief from the horrible burning and lancinating pains which characterize carcinoma of the uterus.

Arsenic, if applied to an external sore in too large a quantity, may induce fatal consequences. An arsenical paste applied to ulcerated breasts, or fly-powder to a sore head, has resulted in gangrene of the parts, inflammation of the stomach and bowels, convulsions and death.

LECTURE XIX.

SPECIAL SENSES.

Among the toxicological effects of Arsenic upon the eyes, we notice a well marked group of symptoms corresponding with the pathological process designated as ophthalmia. Arsenic causes inflammation and swelling of the lids, secretion of acrid tears, inflammation of the conjunctiva, sensitiveness to the eyes; hence we may derive great benefit from it in ophthalmia characterized by similar symptoms. In

Scrofulous Ophthalmia, we shall find Arsenic a great remedy, especially when

Leucoma has begun to develop itself. Arsenic will act as an absorbent against these lymphatic exudations between the layers of the cornea. In

Blepharophalmitis of scrofulous individuals, especially in the granular forms of this disease, we may derive great benefit from the use of Arsenic. The

Arcus senilis of old people, a fatty degeneration of the cornea, likewise requires the use of Arsenic.

We have effected some beautiful cures of ophthalmia by means of Arsenic. Dr. Hermann relates the following very interesting case: "A girl of six years had been tormented for six years with period-

ical attacks of ophthalmia. Under allœopathic treatment, with blisters and cathartics, they generally lasted several months at a time. Latterly, the eyes, even after the attack had passed off, remained so irritable that the least exposure caused photophobia and more or less inflammation either of one or both eyes, so that the child had to wear a green screen all the time. When placed under homœopathic treatment, the lids were swollen, with red margins, the few remaining lashes were glued together with pus; upon separating the lids, there was a profuse discharge of acrid tears which caused a fine rash on the cheeks; the conjunctiva was traversed by little blood-vessels, and the cornea of both eyes showed little ulcers and the cicatrices of old ones. The patient complained of smarting and stinging burning pains which became much worse by looking in the light; hence the patient dreaded the light and she saw things as if through a gauze. Dr. Hermann removed the affection totally by means of Arsenic 30, in from eight to ten days. When the report of the case was sent in for publication, the little girl had been ten months without a sign of her former trouble, and without having used her screen once."

Dr. Stapf relates the following case: "A book-binder, twenty-eight years old, of delicate, tender and cachetic constitution, was attacked on the 25th of September, 1839, by the following affection of the eyes: The conjunctiva showed signs of redness, accompanied by violent pressure in the eye-ball, especially early in the morning after waking, with violent pain when touching the eye. For five days (until September 30th), the right eye was perceptibly redder and more sensitive than the left; after that, the left eye suddenly became affected and the right eye was almost well. The left eye showed the following symptoms: Early in the morning, he is hardly able to open his eye; the sclerotica is quite red; there is continual, violent, painful pressure on the eyeball, with great photophobia. On the 2d of October he applied for help; the Doctor gave him Aconite and Belladonna, but without much relief.

Every other day the symptoms seemed to be decidedly worse. After a tolerable night's rest, a most violent pressure was experienced in the eyeball, and a pulsating throbbing; the eye looked red. The throbbing was felt within a quarter of an inch all around the eye. It was like the beating of a pulse, about 100 a minute, and exceedingly painful. The eyeball which was very red, had lost all its brilliancy, looked pale and dull; the sight was much weakened; he was not able to discern even large objects beyond a distance of ten paces; small objects were not seen at all. These symptoms increased from five in the morning until noon, when they reached their acme, after which the pains diminished and disappeared entirely about ten o'clock at night. On the day following, the eyeball was simply red, there was pressure on the eye and weakness of sight, but no further pain; every third day the paroxysms broke out fully. The general health of the patient was fair; during the paroxysms the pulse was slightly irritated, hurried, and the appetite somewhat decreased.

On the 9th of October the Doctor gave the patient six pellets of Arsenic 30. On the following day, when the paroxysm should have

broken out, the symptoms were all improved, and on the 12th of October, the eyes were as clear and sound as those of any man.

Deafness of scrofulous persons is either cured or relieved by Arsenic. The ear is dry, large and seems pressed flat against the head. They complain of annoying buzzing in the ears. The attack may have been caused by exposure to a damp and chilly wind, or it may be of a chronic nature. The middle potencies are sufficient.

CHYLO-POÏETIC GROUP.

We may recommend Arsenic as an antidote to mercury in its disorganizing action upon the salivary glands and gums. Arsenic has caused a falling out of the teeth, secretion of fetid, bloody ichor from the salivary glands, swelling, bleeding and pultaceous softening of the gums. Hence it may be useful in some cases of

Mercurial Stomatitis, where these symptoms occur.

The effects of Arsenic upon the gastric functions are exceedingly varied and deep-seated. Upon a careful review of the symptoms obtained by systematic provings, we shall find that Arsenic causes an

Alteration of the taste, a foul, bitter, or even sour taste;

Nausea, also with trembling and shivering; retching and vomiting;

Oppression in the pit of the stomach, sometime after eating; also a feeling of repletion;

Burning pain, and, in one prover, sense of *chilliness* in the epigastric region and chest;

Gnawing and *fine beating* pain in the pit of the stomach;

Anxiety and *crampy pain* in the pit of the stomach;

Waterbrash and sour eructations.

The symptoms of gastric irritation which poisonous doses of Arsenic have developed, not only confirm the pathogenetic symptoms recorded by our provers, but point to the affections with which Arsenic is in therapeutic rapport, with even more positiveness and clearness than the pathogenetic symptoms.

A man took a few spoonfuls of a soup in which six grains of Arsenic had been mixed; he vomited about forty times in four or five hours, took two quarts of sweet milk, and suffered for a week with violent burning pains in the stomach and bowels; for a long time after, he had much *acidity of the stomach,* and vomited easily after light meals. Hence we may recommend Arsenic in

Pyrosis or heartburn, with acidity of the stomach, sour, acrid eructations, burning in the œsophagus and larynx.

Arsenic causes moreover a spasmodic constriction of the pharynx and œsophagus, as was observed in many cases of poisoning; it also causes convulsive hiccough. Hence in

Singultus, when characterizing a dyspeptic weakness of the stomach, when occurring after eating, accompanied by eructations,

or if the hiccough amounts to a convulsive spasm, Arsenic may prove useful.

Dyspepsia may yield to Arsenic, when characterized by such symptoms as Arsenic is capable of causing. The leading symptoms of this group are: oppression after eating; excessive irritability of the stomach causing a continual spitting up of food; sensation of repletion in the stomach as if the stomach should be violently pressed asunder; paroxysms of nausea, retching and vomiting; loss of appetite, even amounting to a loathing of food; altered taste in the mouth, foul or sour; or bitter taste in the mouth after eating. The patient may also complain of burning pain in the stomach, or a sensation as if the food were gliding over a raw surface.

Not only in simple dyspepsia, but also in *Gastralgia* or *Gastrodynia*, will Arsenic be found useful.

Arsenic causes vomiting and agonizing retching, vomiting of bile, mucus and blood; a violent and painful pressure in the epigastric region; sensation of distention in the stomach as if the coats of the stomach should be torn; sensation as of a pressing load in the stomach; sensation as if the patient were tormented by flatulence in the region of the stomach, momentarily relieved by vomiting and diarrhœa, but getting worse afterwards; burning and oppression in the stomach and chest; gnawing pains in the stomach, accompanied by thirst and violent anxiety. This picture of an Arsenic-gastralgia corresponds with the effects of Arsenic obtained by means of smaller doses of the drug.

In *Cardialgia* characterized by burning pain, soreness to pressure, spasmodic constriction, retching, oppressive anxiety, trembling, coldness of the extremities, expression of distress in the features, small and frequent or even irregular pulse, Arsenic may prove indispensable.

One or two cases of cure may illustrate in a convincing manner the curative virtues of Arsenic in gastric affections. An old lady who had frequently been attacked with cardialgia, had constant pain in the pit of the stomach through to the back. These pains gradually increased in intensity. The patient vomited several times a day; she spit up her food, and vomited even when the stomach was empty. She became very thin. Weakness and pain confined her to her bed. The pain was constrictive, burning; the pit of the stomach was distended, painful to pressure; the abdomen was sunken, bowels confined, tongue clean, mouth dry; she complained of thirst and sleeplessness. A few doses of Arsenic 30 checked the further progress of this distressing disease which seemed to forebode some incurable degeneration.

Here is another case, where the curative powers of Arsenic in gastric derangements are beautifully shown.

An apothecary, twenty years old, who had always enjoyed the best

of health, of quiet and serious, but placid temperament, and tolerably robust constitution, undertook a journey on foot in the month of July, 1807. Overheated and fatigued, he sat down by a brook in the cool shade, and sought to quench his burning thirst by eating a little bread soaked in water. He fell asleep. Upon waking, he experienced violent pains in the stomach, vomited, and next night felt very sick. Constant nausea and pressure at the stomach induced him to take an emetic. This acted so powerfully upon the stomach and bowels that he remained unconscious for twenty-four hours. A fever which befell him afterwards, almost brought him to the brink of the grave. He slowly recovered from the fever, since which he had frequent attacks of exhausting vomiting and diarrhœa. These paroxysms returned year after year with increasing violence and frequency and lasted longer. By the advice of several physicians he took Assafœtida, Bismuth, bitters, Cinchona, extract of coffee, etc., all in vain. Fifteen years after his first attack, in August, 1822, he consulted Stapf. His symptoms were as follows: Excessive nausea, drowsiness in the day-time; after eating, or at night and early in the morning, the patient is attacked with violent vomiting of the ingesta, followed by the vomiting of bile and an acrid acid. The vomiting is accompained by great straining, and causes great distress in the region of the stomach. It is followed by a violent pain in the pit of the stomach down to the umbillicus; it is a most distressing burning, as if a red-hot coal were lodged there, with excessive sensitiveness in these parts; rumbling in the bowels; stoppage of flatulence; stitches under the ribs. Immediately after the vomiting, he is unable to cough or laugh without experiencing a distressing pain as if the bowels were stretched and sore. These symptoms are accompanied by frequent discharges of green mucus, accompanied by frequent and distressing tenesmus, and distressing, burning pains at the anus. The burning pain in the pit of the stomach is particularly felt when lying down and falling asleep, and is especially tormenting at night. After sleeping for half an hour, the pain wakes him; it is followed by violent anxiety in the chest, sleeplessness, excessive restlessness especially after midnight, between three and four in the morning. If he does fall asleep he wakes as if in a fright, and tormented by horrid dreams. Continual and excessive coryza, with bleeding at the nose, and a violent pressure above the eye-brows; loss of appetite; all food is tasteless; eructations with rising of an acrid fluid; during the paroxysms his spirits are depressed, and he feels anxious and disposed to weep. His strength is almost gone; he is not disposed to do anything, is tormented by restlessness; his face is pale, livid and bloated; he suffers with præcordial anguish and forebodings of death. The patient took one drop of the 30th of Arsenic, with the following result: on the second and third day after taking the medicine the patient thought he should have an attack, his spirits were much depressed. This feeling soon disappeared, he improved from day to day, and up to the time when this case was reported, he enjoyed uninterrupted good health.

In the *Gastralgia of drunkards* Arsenic may be indispensable in conjunction with Nux vomica.

The symptoms: "Sensation in the œsophagus and stomach as though a ball were twisting or rolling itself upwards," points to a form of

Nervous Dyspepsia to which hysteric females and nervous individuals generally are subject. Among the medicines which we recommend for this form of

Globus hystericus, Arsenic occupies a prominent rank.

Gastromalacia or softening of the stomach, as another of the so frequently fatal diseases which may yield to Arsenic. Children at the breast are more frequently attacked by this disease, although old people may likewise show symptoms of it. The food which is taken into the stomach, is vomited up again, the ejected matters having a sour or foul smell; the region of the stomach is distended, feels hot; the features become altered, the little patients become emaciated; diarrhœic discharges resembling stirred egg, trouble them quite frequently, until finally the extremities become cold, the patients sink into a soporous condition and die.

This disease has been designated as a softening of the stomach, because the coats of the stomach, after death, are found transformed into a gelatinous, pultaceous mass which is frequently transparent.

The cul-de-sac of the stomach adjoining the spleen is frequently found perforated; hence the disease has also been described as

Perforation of the Stomach by some pathologists.

Schirrus of the Stomach may be arrested in its development by the timely use of Arsenic. If the patient is much troubled with acid risings, spittings up of food, spasmodic retchings, constrictions of the œsophagus, and the complexion looks shallow and livid, the skin is dry, the pulse small, rather hurried and inclining to be irregular, and the patient wastes away: Arsenic may be of great use, if given from the sixth to the twelfth potency.

In *Chronic Hæmatemesis,* Arsenic may prove indispensable. If the attacks are accompanied by chilliness, coldness and trembling of the extremities, small and frequent pulse, loss of adipose tissue, expression of suffering in the features, want of desire for food with a feeling of repletion and as of a load after eating; Arsenic 6 to 18 may remove the trouble.

Arsenic will also help in

Enteralgia or *Colic* if the pains are cutting, tearing, and burning; the bowels are tympanitically distended, sensitive to pressure, with icy-coldness of the extremities, and sometimes urging to stool with tenesmus and some discharge of mucus and blood.

Diarrhœa is a derangement of the bowels which often meets its specific in Arsenic. The Arsenic diarrhœa is characterized by the following symptoms: a watery, mucus and often bloody discharge, attended with prostration and a feeling of soreness and excoriation at the anus. In cases of poisoning with Arsenic the patients have

also been known to discharge fatty and slimy masses. The discharges have a foul smell, and may look blackish, brown, green or yellowish, resembling stirred eggs. There is often more or less tenesmus present during or previous to the evacuation.

A gentleman having a slight cold, ate a hearty supper with a friend. Half an hour after, he was attacked with diarrhœa. The evacuations consisted of foul-smelling slime, mucus and blood, and were accompanied with slight tenesmus and excessive soreness and excoriation at the anus. Great and increasing prostration. The discharges took place every ten or fifteen minutes. He had had some twenty discharges, when Arsenic 18 was given every five minutes. Three powders arrested the disease. The worst forms of *Dysentery* have been arrested by Arsenic, where the medicine was specifically adapted to the disease. Instead of describing symptoms, we will relate a few cases illustrative of the homœopathicity of this great agent to dysentery of a malignant type.

A boy, two years old, was attacked with diarahœa on the afternoon of January 15th, 1826; it became worse from day to day, especially at night; with violent tenesmus, thirst, vomiting of the ingesta, anus red and excoriated. On the 18th Dr. Hermann found the boy like a corpse, lips and tongue parched, eyes sunken and dull, hippocratic countenance, body covered with cold, clammy, sweat, pulse tremulous and almost collapsed; for the last two hours the vomiting had given place to incessant retching; the child seemed insensible. Took Arsenic 40th. Next morning found the boy sitting in his mother's lap, eating bread and milk; the diarrhœa had ceased; in a few days he was well.

A soldier, twenty-three years old, was attacked on August 29th, 1826, with frightful cutting colic and frequent thin evacuations; about noon, when he undertook to attend to some orders, he fainted; the whole body was covered with cold sweat. Dr. Seidel found the patient doubled up in bed, complaining as follows: dullness of the head, bluish lips; painful distortion of the facial muscles; loss of appetite; nausea especially when moving about; violent tearing and cutting pain in the epigastric region; the abdomen is distended, soft, but painful when touched; scanty discharges of mucus from the rectum, almost every minute, with increase of pains in the bowels and tenesmus; excessive thirst, dry, white-coated tongue; anxiety and moaning; coldness of the extremities and face, with sweat in the face; pulse 88. The patient took one dose of Arsenic 30, had one more discharge, fell asleep, and woke perfectly well.

A man, forty years old, was treated by a doctor for fever and constipation; the patient was in great distress and often cried out so frightfully that his family thought he would lose his senses. On January 3d, 1829, Dr. Schrœn was sent for. The symptoms were as follows: wild and staring look; the patient rolled his eyes very rapidly; he spoke with vehemence, and lay at one time at the foot, and at other times at the head end of the bed. Constant eructations;

hard and distended abdomen, rumbling; he had upwards of fifty evacuations from the bowels in twenty-four hours; at each evacuation he discharged a teaspoonful of mucus, with violent burning at the anus which continued until another evacuation took place; little urine; parched and brown tongue; excessive thirst; in twenty-four hours he would drink from six to eight quarts of water. Upon getting out of bed, he would fall down on account of his weakness; occasional attacks of dyspnœa. He had lost his appetite and sleep, complained of frightful anguish and was despairing. Took Arsenic 36; next night the patient slept a little, the evacuations were less frequent, there was no burning; next twenty-four hours he had three good stools without burning; on the 12th (in nine days) he was perfectly well.

With *Cholera Infantum,* Arsenic is in therapeutic rapport. If the children look pale, emaciated, have no appetite, the discharges look brown, mixed with blood, have a foul smell and are attended with a good deal of urging, and perhaps œdema of the extremities and face, the sixth or twelfth potency of Arsenic may bring about a favorable reaction. In

Cholera morbus, Arsenic is required, when the patients complain of a great deal of burning in the epigastric region, vomiting, tormina in the bowels with copious watery, foul-smelling discharges from the bowels, which excoriate the anus and cause great prostration. The patient complains of cramps in the calves; the pulse is small, hurried, irregular. In an attack of this kind, the patient is tormented by an unquenchable thirst, bad taste in the mouth, and a thickly-coated tongue. It is proper to give Arsenic from the first to the sixth potency.

Asiatic Cholera can hardly ever be treated without Arsenic. The symptoms are somewhat similar to those of cholera morbus, except that the prostration may be greater, the cramps are generally more distressing, and the patient's countenance is expressive of intense suffering and anguish. In this affection we may give from the first up to the sixth potency. In

Cholera diarrhœica, where the most prominent symptom is the loss of strength and animal tissue in consequence of the enormous and frequent alvine discharges, having a foul smell, of a dark appearance, slimy or yellowish and looking like stirred eggs, Arsenic first to third potency is a capital remedy.

Constipation often requires the use of Arsenic. This condition of the bowels is attended with torpor of the liver; the fæces have a dark, brown, greenish or blackish appearance. The abdomen may feel hard and distended, with a feeling of warmth, aching and sore pain in the bowels, exceedingly dry skin, with entire absence of all cutaneous exhalation, scanty, deep-colored and offensively smelling urine, dullness about the head, sallow complexion, feeling of languor and hypochondriac depression of mind. The middle potencies may be sufficient.

No medicine promises more curative aid than Arsenic in

Phthisis intestinalis, especially during the suppurative and ulcerative stage, when the patient complains of burning pain in the bowels, with excoriations at the anus and violent and distressing tenesmus. The middle and higher potencies are to be preferred. In the suppurative stage of

Phthisis meseraica or *Tabes meseraica*, Arsenic is likewise an excellent remedy. Arsenic may likewise prove homœopathic to the first or irritative stage of mesenteric ganglionitis, characterized by the symptoms of enteritic inflammation, alternate constipation and diarrhœa, loss of appetite or the opposite condition, voraciousness or bulimy; grayish discharges from the bowels, vomiting of glairy mucus, emaciation, puffiness and paleness of the face, tympanitic distention of the abdomen, evening-fever. In the second stage, when the gaglionic tumors can be distinctly felt, when œdema of the lower extremities shows itself, hectic fever is fully developed, with, perhaps, signs of serous exudation in the peritoneal cavity: the *Iodide of Arsenic* may be preferable to Arsenic. It is likewise useful in some cases, to alternate these two agents. Of the Iodide the second or third trituration may be given.

Hœmorrhoidal Tumors sometimes cause a great deal of burning distress; burning stitches are experienced in the tumors as if red-hot needles were stuck through them. Arsenic causes a similar train of symptoms, and will therefore relieve them.

Ascarides often cause a great deal of burning and itching in the rectum and vagina. In order to destroy them, Trousseau and Pidoux recommend a solution of one-fifth of a grain of Arsenic in four ounces of water, which they inject into the rectum. The irritating action of the Arsenic upon the lining membrane is sufficient to destroy these entozoa. It may be necessary to repeat the injection several times in order to remove the remaining sporules. It is doubtful whether the internal use of Arsenic would be alone sufficient to effect this object.

Cases of poisoning have revealed to us the fact that Arsenic is in marked relation with the liver. In a case reported by Orfila, Arsenic was found in the stomach, spleen, heart and in other organs, but the largest quantity was found in the liver. We may therefore infer that Arsenic will be of use in affections peculiar to the liver. In a case reported by Wolff, Arsenic has caused jaundice. It is doubtful, however, whether Arsenic will be of much use in

Jaundice or *Icterus*, unless the disease depends upon some disorganization of the liver, or in those severe forms of jaundice where the bile becomes foul and decomposed, and speedily poisons the tissues.

Gerbezius informs us that a man who was afflicted with jaundice, took the yellow Sulphuret of Arsenic, soon after which he experienced a *burning* and *gnawing* distress in the stomach, frequent *vomiting* and *purging;* but the jaundice was cured. The presence of these symptoms in jaundice, would constitute an additional indication for Arsenic. In ordinary

Acute jaundice, we think Aconite much more frequently indicated than Arsenic; in some cases Mercurius or Digitalis, the latter more particularly in chronic cases.

Mercurial Jaundice, arising from poisonous doses of Mercury, may have to be treated with Arsenic; this is a dangerous form of jaundice.

Jaundice originating in fever and ague by a process of metaschematismus, may require Arsenic. In these two forms of jaundice, the liver is most always organically diseased, indurated, inclining to suppurate or to develop incurable constitutional affections.

Dyspeptic Conditions remaining after the imperfect allœopathic treatment of jaundice, such as: oppression of the stomach after eating, eructations, flatulence, alternate constipation and diarrhœa, may often be removed by the use of the middle and higher potencies of Arsenic.

We may find Arsenic indicated in

Icterus senilis, also termed *Icterus melas* or black jaundice, a form of jaundice which only befalls persons of a more advanced age. The patients experience shooting pains in the stomach after eating, accompanied by vomiting of the ingesta and a ropy mucus. The taste in the mouth is sour or bitter; the fæces are lumpy and as if burnt, of a gray color, like clay; the bowels are costive, except an attack of diarrhœa which takes place occasionally and does not show any signs of bilious pigment. The skin has a greenish-blackish hue. In the course of the disease, hectic fever sets in, with evening chills followed by heat and an irritated, hurried pulse. This form of jaundice is generally depending upon slowly-progressing disorganizations of the liver; if Arsenic does not effect a cure, it may at least afford relief.

In *Cirrhosis* of the liver, Arsenic may afford relief. The Germans term this disease "nutmeg liver," on account of the appearance which the liver assumes in this disease. The liver looks as if composed of granulations of various sizes, from the size of shot to that of a cherry. These granulations may have various colors, red, brown, and yellow, sometimes even of a beautiful canary-yellow. The disease occurs most frequently among drunkards, and is supposed, by many pathologists to arise from a sub-acute or chronic inflammatory affection of the capsule of Glisson or the dense areolar tissue surrounding the vena porta and its ramifications in the substance of the liver.

The following case of *Cirrhosis of the liver* is reported by Professor Dunglison in his "Treatise on Special Pathology and Therapeutics." It affords a very clear illustration of the nature of this disease and of the pathological degenerations which it develops and to which Arsenic is evidently adapted as a curative agent.

"A woman, aged sixty-five years, was admitted into the Philadelphia Hospital on the 31st of July, 1838. She had been in the habit of working in the open air, at gardening, and had been subject for three years, to palpitation and severe attacks of dyspnœa, which continued for fifteen minutes. She had also cough, attended with

expectoration in the morning, and profuse sweating at night, for a long period. Her appetite was bad, and her habits were very intemperate. A month previous to her entrance into the hospital, she had an attack of pleurisy of the left side, for which she was bled and purged. An attack of inflammation of the uterus supervened on the pleuritis, followed by extensive infiltration of the upper and lower extremities, and effusion into the thoracic and abdominal cavities. The effusion into the thorax was so extensive, that, according to the voluntary account of the patient, when she suddenly moved or rose from bed, she was sensible of a body of water rushing from one part of the chest to another. The day after her reception into the hospital, she was laboring under excessive dyspnœa, which obliged her to assume a semi-recumbent posture; the lips were pallid; the skin was of a deep-yellow hue, and the conjunctiva was of the same color. There was extensive infiltration of the upper and lower extremities; the abdomen was distended, and presented very evident fluctuation; and the lower portions of both pleuræ were dull on percussion. Soon after her admission, she was attacked with delirium tremens and sank under her complication of diseases on the 6th of August.

On examining the abdomen, the liver was found much enlarged, weighing about ten pounds; granulated, the surface raised into a number of round, mammillated protuberances, of a tawny color, closely resembling beeswax, none of them larger than a pin's head; the substance of these granulations was compact, and when divided they presented a smooth, flat, even surface. The consistence of the liver was very firm, admitting the finger with much difficulty; semi-cartilaginous, and evidently greasing the scalpel when cut into. The whole organ presented an excellent example of cirrhosis combined with hypertrophy. The gall-bladder contained a dark-colored bile. The stomach presented, along its great curvature, a highly injected state of vessels; and the mucous membrane could be readily detached.

In *Fatty Degeneration of the Liver*, Arsenic may be an efficient agent in arresting this morbid process. According to Addison, the skin, in this disease, has a velvety feel, and looks bloodless, almost semi-transparent and waxy. Louis says that this affection is most commonly observed in phthisicky individuals. Arsenic is one of the main remedies for this disease. Aconite and China should be associated with it. Arsenic seems to be possessed of specific powers to counteract the formation of fat in the living organism, it causes emaciation, and yet, if given in small quantities, it is well known to promote the rotundity and glossy appearance of the frame. It is needless to observe that this is not a natural, but a pathological development. The sixth, twelfth or eighteenth is probably the most appropriate potency.

Whether Arsenic is indicated in other organic diseases of the liver, such as: *Scirrhus*, *Softening* or *Induration*, *Atrophy* or *Hypertrophy*, depends upon the accompanying constitutional symptoms.

In scirrhus of the liver, the patient may sometimes be troubled with frightful headaches, depriving him almost of consciousness characterized by excessive sallowness of the complexion, excessive vomiting of bile, constipation. These disorganizations of the liver may remain extremely obscure, until secondary constitutional diseases, such as dropsy, marasmus, are fully developed and nothing can be done except affording palliating relief, if possible.

In conclusion, we may allude to one disease of the liver, where treatment may be of some use, if resorted to in time: we mean

Tuberculosis of the Liver. During the incipient stage of this disease, the patient exhibits symptoms of dyspepsia, oppression after eating, flatulent distention of the stomach, lancinating stitches in the region of the liver. Vomiting of bile may likewise trouble him. The skin exhibits a dingy hue. The face looks bloated, and the liver gradually enlarges in size, extending beyond the lower border of the false ribs, where the organ presents an unusual, hypertrophied, knotty and painful edge. Gradually, as the enlarged mass presses upon the biliary duct, the symptoms of jaundice manifest themselves, and the patient gradually dies of debility, marasmus, dropsy or diarrhœa. It is evident that Arsenic may be of use in this affection. In the first stage of the disease, Aconite and Bryonia may be the most important remedies.

LECTURE XX.

URINARY GROUP.

ARSENIC seems to affect the urinary organs sympathetically as well as idiopathically. Arsenic causes retention of urine. Hence, in diseases where this symptom is prominent, it constitutes a characteristic indication for Arsenic. Retention of urine may occur in Anasarca, in Asiatic Cholera, in Dorsal Consumption; it may be a symptom of general nervous debility, or of paralysis of the bladder. In all these cases, the existence of such a symptom would point to Arsenic.

Retention of Urine, or *Ischuria,* with great urging to urinate, and burning in the urethra during micturition, especially if other Arsenic-symptoms are present, may require the use of this agent. Such symptoms may be: great anxiety, trembling, coldness of the extremities, small and very frequent pulse, cold perspiration. An attack of this kind may befall old people.

Hæmaturia or bloody urine, may yield to Arsenic, if symptoms like those mentioned under Retention of urine are present. The discharge of blood may be symptomatic of some pathological lesion in the kidneys.

In *Bright's Disease of the Kidneys*, or *Albuminuria*, Arsenic may be of great advantage, were it only as a palliative remedy. In a case of chronic poisoning reported by Dr. Jackson of Edinburgh, Arsenic seems to have developed a renal degeneration resembling albuminuria. Beside the constitutional symptoms which were present in this case, and likewise prevail to some extent in albuminuria, the character of the urinary secretions strongly reminded one of this disease. The urine was scanty, high-colored, dense, albuminous, depositing blood-disks and casts of uriniferous tubes of kidney.

If the pathological degenerations which generally result from albuminuria, such as: ascites, anasarca, phthisis pulmonalis, have developed themselves, Arsenic can only act as a palliative. In *Diabetes mellitus*, Arsenic is, to some extent, indicated by the symptoms; it is problematical, however, whether this homœopathicity extends to the essential character of the pathological process that is going on in the organism. In this respect we will offer the following suggestions: The process of nutrition in this disease is defective in a specific direction. The nutritive principles which should repair the waste of tissues, are abnormally eliminated by the kidneys as saccharine matter. The carbo-hydrates, of which sugar is one, do not constitute the basis of tissue, but sugar is a most important agent in the metamorphosis of animal matter. It is believed that the sugar which is found in the liver, owes its origin to the decomposition of albuminates, and more especially to fibrin. This fact, which was first discovered by Bernard, and afterwards by Frerichs, has been substantiated by numerous analyses made by Lehmann of the blood of both the portal and hepatic veins. Lehmann likewise suggests that the tendency of albuminates to pass into the butyric fermentation—a tendency which is more particularly seen in the case of fibrin and casein—may possibly be accounted for by the presence of a carbo-hydrate, sugar. Hence sugar, not only that which is introduced into the system in the form of starch, but also the sugar which is manufactured in the organism, is essential to the process of assimilation. Arsenic seems to strike down this process of assimilation in its very beginning. The action of Arsenic upon the system is characterized by all those symptoms which mark the morbid elimination of sugar by the urine; hence we have a right to entertain great hopes from the use of Arsenic in diabetes mellitus. It may counteract that condition of the nervous system which permits the abnormally excessive formation of sugar in the organism, and the consequent deficiency in the reproduction of tissue.

The conversion of bodies that had been poisoned by large quantities of Arsenic into adipocere, seems to show that Arsenic must hold some specific relation to the metamorphosis of animal tissues into fat. Lehmann has shown very conclusively that the fats are powerful auxiliaries in the formation of cells and tissues, and that, on the other hand, sugar is essential to the formation of fat. During the conversion of bodies into adipocere, every trace of Arsenic disappears. Is it irrational to suppose that Arsenic may be in specific relation with the inimical principle which, in the living organism, paralyzes the assimilative nerve-force in a specific direction, and

causes the abnormal elimination—in the form of sugar—of the primary principles essential to the process of reproduction?

Vogt claims for Arsenic a higher power to influence the metamorphosis of the tissues, than is possessed by any vegetable drug. In this respect it surpasses even most metals in penetrating power. This may seem more or less theoretical, but the long-continued effects of Arsenic upon the living tissues evince a power of disorganization which no other agent can claim to the same extent. It is therefore rational to conclude that this power may be made use of for the purpose of extinguishing or neutralizing a pathological process which results in such organic disorders as Arsenic is capable of producing. Guided by the terms of our law, we have a right to claim this power for Arsenic. It is a misfortune that the physical changes which large doses of drugs effect in the character of the urinary secretions, have not as yet been studied by positive experimentation, except in a limited number of cases. Whether Arsenic will, under favorable circumstances, effect the abnormal elimination of sugar by the urine, remains to be determined by subsequent experimentation. Barring this uncertainty, Arsenic causes all the constitutional symptoms which supervene in the course of diabetes mellitus, such as: increased flow of urine, and dryness of the skin (a symptom observed by Langhammer and Trousseau); the skin becomes dry, brittle, and desquamates; the patient complains of dryness in the mouth, fauces and trachea; the thirst becomes unquenchable, the appetite disappears, the bowels become costive. Among the diagnostic signs of this disease, Schœnlein mentions a burning extending from the cœliac plexus along the œsophagus as far as the mouth. The patient dwindles down to a skeleton, and loses his strength, and very often his teeth.

All these pathognomonic signs of the disease likewise characterize the action of Arsenic upon the tissues. Future observation may determine whether the urine, under the influence of Arsenic, will exhibit the modifications which are peculiar to this fluid in diabetes mellitus, such as: a tendency to become opalescent, a greenish tint, diminution and gradual disappearance of urea and uric acid, insipid taste which gradually changes to a sweetish taste in proportion as the deposition of sugar increases. It is possible that Arsenic may only be able to palliate this disease. We have treated diabetes mellitus successfully as far as we know, but have never depended upon Arsenic alone. If the disease has a rheumatic origin, we have found it necessary to use Aconite and Mercurius, either alone or in conjunction with Arsenic at suitable intervals. Arsenic may be used from the third up to the twelfth potency; of Mercurius we prefer the third or sixth, and of Aconite we never use less than five drops of the German tincture in about twelve table-spoonfuls of water.

In his "*Grundgesetze der Physiologie, Pathologie und Homœopathischen Therapie,*" Grauvogl mentions the curative virtues of Arsenic in diabetes mellitus, in the following paragraph, page 576, of his interesting work: "It is not long since complaints were heard about the neglect of Hahnemann and his personal disciples, of not having examined the urine while proving their drugs; it was said that

owing to this neglect we had remained ignorant of the fact whether the urine which was secreted during these provings, contained sugar, the presence of which in the urinary secretions would enable us to determine the homœopathicity of certain drugs to diabetes mellitus. However, as early as 1852, it is stated in the February number of Heller's Archive for Chemistry and Microscopy, that sugar is found in the urine after inhaling any sort of anæsthetic vapors; after the use of agents which depress the oxidizing process in the blood, more particularly after Arsenic, Lead, Antimony, mercurial salts, Quinine, Opium, etc. The valuable effects of large quantities of strong wines in the case of diabetic patients now became perfectly clear to me, and this explanation came so much more opportunely as I happened to have charge of a very obstinate case of diabetes at that very moment.

"The buccal cavity of my patient was already as dry as his skin; he was absolutely unable to moisten the least mouthful of bread with any saliva, and so swallow it. Tormented by the hallucination that somebody by his side was imitating all his bodily functions, washing, eating, etc.; tortured by an unquenchable thirst, he had become so emaciated that I believed the remainder of his days was reduced to a few short hours. I now resorted to Arsenic, which was indicated by these symptoms. My patient was 48 years old, and had ruined his constitution by dissipation. Nevertheless, after a treatment of three months, I was enabled to restore him to his position in society. This case shows how important it is for homœopathic physicians not to confine themselves to the literature of their own school, and to appropriate to their own use the experience of outside practitioners with conscientious care and discretion."

SEXUAL GROUP.

We have already adverted to the fact that Arsenic may cause swelling, inflammation, and gangrene of the sexual organs of the male. Alberti, in his Jurisprudence Medicale, Vol. I., page 167, reports a case where the internal use of Arsenic caused swelling of the testicles. We may find Arsenic useful in cases of

Chronic Orchitis, and Œdema of the Scrotum, resulting from, or characterizing a cachectic state of the organism, such as may gradually develop itself under the influence of a scrofulous or syphilitic dyscrasia.

It is well to note the fact that Arsenic seems to be possessed of a tendency to increase the sexual passion and to promote the secretion of the seminal fluid in the male and of the menstrual blood in the female. Arsenic causes a pressure and profuse secretion of the menstrual blood. We may avail ourselves of this symptom in conditions of general nervous debility, as an indication of Arsenic.

This agent may likewise prove available in

Leucorrhœa of a corrosive, ichorous character, in females of a marked scrofulous diathesis, or where the discharge proceeds from

malignant ulceration of the neck of the womb. In some cases, the lower, in others the middle and higher preparations may be required. It may likewise be advisable to apply a solution of the third or fourth potency, centesimal scale, locally.

CATARRHAL GROUP.

Arsenic develops a train of symptoms which lead us to infer that it may be useful in catarrhal affections of the head and air-passages. On looking at the pathogenesis of Arsenic, we find that it causes excessive coryza or coryza of an acrid nature, hoarseness, tenacious mucus on the chest, cough with blood-streaked expectoration, or distressing and fatiguing cough accompanied with a variety of other symptoms which it seems needless to enumerate in this place.

We may find Arsenic indicated in

Coryza, or Catarrhal Irritation of the Schneiderian membrane, with redness and swelling, and discharge of a quantity of thin, acrid, ichorous fluid. Also in common

Cold in the Head, with a good deal of sneezing and acrid discharge from the nose; the head feels dull and tight, the patient complains of coldness, creeping chills, feels weak, looks pale, is indisposed to move about or to attend to business. In catarrhal affections of the head, where Arsenic is indicated, we shall find, as a general rule, that they are symptomatic of

Influenza, more particularly, if this disease prevails in a community extensively in consequence of atmospheric irregularities, or as an epidemic miasmatic disease. The patient feels very much prostrated; the above mentioned catarrhal symptoms are present in a more or less marked degree; the patient complains of bad taste in the mouth, feels thirsty, chilly and feverish, he craves cooling drinks, is sick at the stomach, feels sore all over, looks sallow and distressed, is disposed to sleep, low spirited, tremulous. The respiratory organs may be more or less involved, and we may have as other prominent indications

Hoarseness, amounting even to complete

Aphonia, resulting from excessive weakness of the organs of voice, as if they were paralyzed. This condition may be accompanied by

Cough. The character of the cough to which Arsenic is in homœopathic-specfic rapport, is delineated in the recorded provings of this drug. We find that it is a dry, exhausting cough, or a cough attended with hawking up of blood-streaked mucous, cough which is particularly violent at night or where the paroxysm is excited by drinking cold water: the chest feels sore, as if excoriated internally; the breathing is oppressed, and the heart may beat violently. The pulse inclines to be feeble, rather hurried and irregular; the temperature of the skin may be depressed below the normal standard. This remark applies to cough in connection with influenza, or catarrhal cough generally.

THORACIC GROUP.

Arsenic affects the nervous ramifications and the mucous lining

of the respiratory organs, of the lungs as well as of the bronchial tubes. The various forms of cough, the suffocating dyspnœa, the constrictive oppression, the burning distress in the chest, the wheezing murmur which Arsenic causes, substantiate this doctrine.

Arsenic seems therefore eminently homœopathic to a most dangerous affection of the respiratory organs which some pathologists describe under the name of

Pneumonia notha, and others as *Catarrhal Bronchitis*, or *Bronchitis asthenica, Bronchitis senilis.*

Schœnlein describes this affection as *Suffocative Catarrh*, to which persons of more advanced years are subject. It is an exceedingly dangerous affection which may terminate fatally after a very rapid course by paralysis of the mucous membrane of the respiratory organs. The main symptoms in this affection are: a burning distress in the chest, principally behind the sternum; dyspnœa, violent rattling of mucus in the air-passages, fatiguing cough, expectoration of semi-transparent, gray, ball-shaped mucus which may float in a quantity of serous fluid. The affection may commence with chilliness which may continue for a few days, during which period it may be interrupted by occasional flashes of heat until the heat becomes permanent. The tongue is comparatively clean, there is a great deal of thirst, pulse from one hundred to one hundred and twenty, sometimes rather full. Symptoms of venous congestion, such as: bluish lips and venous engorgement of the cheeks, soon show themselves.

Among the medicines which are eminently adapted to this condition Arsenic is one. We have shown on a previous occasion that Aconite is likewise a leading remedy for this dangerous affection. We prefer the *middle* potencies from the sixth to the twelfth.

Hæmoptysis or *Bloody Cough*, will yield to Arsenic. Sudden attack of suffocative cough, with tickling in the throat-pit; soreness either at a seated spot or shifting from one portion of the chest to another; excessive oppression; trembling and chilliness, with coldness of the skin, and a feeble hurried and almost compressible pulse; pinched-up features, expression of anxiety and distress in the countenance, sallow, or dingy-brown complexion: these are the leading symptoms which indicate the use of Arsenic in hæmoptysis. The blood may be spit up in various quantities, from a spoonful to half a pintful; it has a bright-red color.

In pulmonary hæmorrhage, where Arsenic is indicated, the symptoms are often traceable to derangements in the functions of the liver, such as gnawing in the stomach, and unnatural craving for food; dryness in the mouth, frequent desire for cold drinks, soreness and burning in the region of the liver; pain at the shoulder, etc. All these symptoms point to Arsenic.

Phthisis Pulmonalis has been treated with Arsenic, by some with apparent success, and by others with no success at all. Arsenic undoubtedly affects the lungs in a specific manner. Dr. Marcy refers to a case of chronic poisoning by Arsenic, to which we have referred

on a former occasion, where the symptoms indicate in a most marked manner the disorganizing action of Arsenic upon the respiratory organs. The case was originally reported in the London Lancet. The prominent symptoms in this case of poisoning were:

"Sickly look; small, frequent pulse; frequent slight tickling cough, or rather hawking without expectoration; occasional discharge of mucus from the bowels, often tinged with blood; tenesmus and griping of some days' standing; flatulence; redness of the eye-lids and lining membrane of the nostrils; loss of appetite and failure of strength; restlessness at night; increasing weakness; dryness or tightness of throat; hoarse voice; later, the stools assume a fatty appearance, owing to the presence of pus, as proved by microscopical examination; tongue red and fiery, mouth and lips excoriated, anxiety and restlessness very great; percussion reveals tubercular infiltration at the summit of both lungs, most in the right, indolent in both, symptoms resembling tuberculosis of the abdomen and chest; conjunctiva much injected; anus excoriated; hiccough, restlessness, and general distress; pulse 130, and feeble; urine scanty, high-colored, dense, albuminous, depositing blood-disks and casts of uriniferous tubes of kidneys. Died with tetanic spasms, with mental faculties perfect."

"The arsenical vapors," says Mahon, in his *Médicine Legale*, "when drawn into the lungs in great quantity, render the mouth and throat dry, parched and inflamed; they first produce sneezing, then suffocation, asthma, dry cough, anxiety, vomiting, vertigo, pains of the head and limbs, tremblings; and when they do not produce death, they lead to *Phthisis Pulmonalis*."

Hufeland repudiated the use of Arsenic, because he found that it gave rise to phthisis pulmonalis.

Pachenius informs us, in his "*Hippocrates Chemicus*," that the vapors of Arsenic caused in him dyspnœa, colic, convulsions, bloody urine, paralysis of the limbs; milk and oil moderated the symptoms, but *Cough* and *Hectic fever* troubled him for a long time.

Henkel, in his treatise on the "Diseases Incidental to Smelting and Mining," says that the vapors of Arsenic cause cough, ulceration of the lungs and rapid death.

In this terrible malady, the arsenical preparations may be of use in many cases: but it would be very unsafe to expect curative effects from Arsenic in all cases and forms of phthisis. It may afford palliative relief in many, and it may effect a cure in other cases. The choice of Arsenic in cases of phthisis where it may possibly be of use, will depend in a great measure upon the perceptible symptoms, upon the nature of the cough, the character of the expectoration, the peculiar kind of distress that the patient experiences in the chest, and even upon isolated symptoms peculiar to Arsenic. Auscultation and percussion may be resorted to for the purpose of determining the character and extent of the pathological process that is going on in the chest; they may inform us that a vomica exists in one locality;

that it is either empty or filled with pus; that the pulmonary pleura is adhering to the sides of the thorax; where and to what an extent the pulmonary tissue is infiltrated with blood and purulent matter; whether a bronchial tube opens into a vomica; whether another tube is dilated. Auscultation and percussion may develop a very accurate picture of the physical condition of the lungs. But this is all that an examination of the chest by the stethoscope can reveal to us. The physical signs do not enlighten us concerning the remedial agents which will counteract and hush up the disorganizing process that is slowly but surely leading the patient to his grave.

Knowing that Arsenic excites in the respiratory organs a process similar to phthisis, we determine its applicability in particular cases by the character of the symptomatic indications. If these are not sufficiently precise and definite, we shall not be able to derive much benefit from Arsenic or from any other drug. Among the symptoms which will have to guide us in our choice, we distinguish the following, all of which characterize the action of Arsenic upon the normal tissues:

Hoarseness;

Oppression on the chest;

Short and laborious respiration, which is often painful;

Sensation of rawness and soreness in the chest;

Titillation in the wind-pipe, continually, exciting a cough; the titillation is felt even when the patient does not draw in air;

Dry, hacking cough, also with expectoration of blood-streaked mucus;

Burning distress in the chest;

The cough is excited by swallowing cold liquids, water, etc.

Chilliness in the Interior of the Chest, also after supper.

In phthisis pulmonalis, especially in the tubercular form of phthisis, the *Iodide of Arsenic,* second or third trituration, may be substituted for Arsenious acid, giving it in half grain doses every two or three hours.

Arsenic may be adapted to.

Phthisis Mucosa or *Pituitosa,* if the patient should be troubled with dyspnœa and constrictive, suffocative paroxysms on the chest; or if an exhausting, offensive diarrhœa should set in, or if debilitating night-sweats preceded by creeping chills and fever, should become very troublesome. In this condition of the system, *China* might be used in alternation with Arsenic. The middle potencies may perhaps be the most serviceable.

In the last stage of *Tubercular Phthisis,* Arsenic may relieve the burning and dyspnœa which often distresses the patient. In

Bronchitis, Arsenic may be of service, if the ulcerative stage has begun to set in. There may be great tickling in the throat-pit, and excessive soreness in the terminal ramifications of the air-passages. The racking cough and the expectoration of bloody pus having a sweetish, sickening, offensive taste, together with the constitutional

symptoms such as: trembling, debility, loss of appetite and flesh, etc., point to Arsenic, from the eighteenth to the thirtieth potency. In the stage of

Pneumonia, which we term the stage of white hepatization, Arsenic may be of use to the patient. The lungs have a grayish appearance in consequence of the parenchyma being infiltrated with exuded lymph, which is traversed here and there by streaks of the remaining pulmonary tissue. When this stage of the disease sets in, the face becomes pale and disfigured, the breathing anxious and panting, the pulse small and feeble, the forehead is covered with a clammy sweat. Give Arsenic twelfth to eighteenth potency.

Arsenic may likewise be in homœopathic rapport with pneumonia in the stage of red hepatization. In cases of poisoning, inflammation of the lungs has frequently occurred. Christison mentions a number of such instances. "Dr. Campbell twice found great congestion of blood in the lungs of animals poisoned by the application of Arsenic outwardly. Sprœgel likewise found the pleura, pericardium, and whole lungs deeply inflamed in animals.

"A distinct example of advanced pneumonia in man is related in Pyl's Magazine: the patient died after vomiting and purging incessantly for eight days; on dissection, the lungs were found in the highest state of inflammation, and so congested as to resemble a lymph of clotted blood. A distinct case of the same nature is related in Henke's Journal; this patient had obvious pneumonia symptoms during life; and in the dead body the lungs were found so gorged that, on being cut into, nothing could be seen but clotted blood in their cellular structure. In Roux's case, where Arsenic was applied externally to a scirrhous ulcer, excessive congestion was found in the lungs, both lungs being completely gorged with blood and presenting all the characters of pulmonary apoplexy."

These post-mortem appearances do not, strictly speaking, constitute therapeutic indications; they are of no immediate avail to us in the selection of a drug. The subjective phenomena occurring during life may be rendered clearer to us in fatal cases by the existing post-mortem changes; but in all subsequent cases of a similar order, the selection of the drug to be administered in the case will necessarily depend upon the character of the subjective phenomena and upon the physical signs. In pneumonia Arsenic may be indicated by a peculiar order of symptoms, excessive oppression, violent chills succeeded by a burning fever and rapid, hard and bounding pulse; dark flushes in the face which exhibits a sallow, jaundiced tint as its ground color; the patient complains of paroxysms of tearing, racking cough with expectoration of pure blood and blood-streaked mucus; palpitation of the heart, intense soreness in the chest, burning and stinging pains in the chest. Nausea and vomiting of bile and mucus may not be wanting. Give the sixth to the twelfth potency, sometimes lower.

The effects of Arsenic upon the respiratory organs show that it must be in curative relations with

Asthma. On reading over the symptoms obtained by proving, we

shall find that Arsenic causes: Constriction of the chest, dyspnœa, asthma, oppression and anxiety, anxious and moaning respiration, suffocative feeling.

Buchner informs us in his Repertory for Pharmacy, that Waltl had inhaled during the day the vapors of six grains of arsenious acid, which he had thrown upon red-hot charcoal, and that he had not experienced any bad effects from it except an offensive odor. After having slept for two hours in the evening, he suddenly awoke with a feeling of oppressive anxiety, gasped for air, the windpipe felt as if constricted, and he fancied he should suffocate; his pulse was irregular and hurried; he had violent headache. After the vapors had been permitted to escape through the open window, he laid down very faint; a profuse sweat broke out; next morning he only felt a little headache. One of his companions fared still worse.

We therefore have a right to recommend Arsenic in asthma, especially if the attacks come on at night; for this nightly supervention or exacerbation of the symptoms is characteristic of Arsenic. The paroxysms of asthma to which Arsenic is homœopathic, are characterized by a feeling of suffocative constriction and anxiety in the chest, paleness of the face, feeble, hurried and sometimes irregular pulse. The paroxysm may gradually terminate in heat and dryness of the skin, gradual breaking out of perspiration and loose cough.

Asthma has frequently been cured with Arsenic.

Dr. Attomyr treated a wine-merchant who had been suffering for eight years with spasms in the chest every evening; asthma, wheezing expirations; had to sit up bent forward; gradually the orthopnœa increased, the expiration had a fine wheezing sound. Agonizing anguish and sweat all over. The paroxysm lasted from three to four hours; after the paroxysm, the patient felt a burning, sore pain in the chest. Going into the cellar caused the attack. After Arsenic 30, the patient had no more attacks, and was able to bear the cellar.

Dr. Gaspary relates the following case: A cloth weaver thirty-two years old, tall and slender, had been suffering for a year as follows: weakness of memory, dull feeling in the head, pressure in the forehead and right temple; right eye red and inflamed, with pressure, pain and drawing. Dim sight; sees things as through gauze; nightly pain in the teeth and malar bone of right side, a throbbing, eased by warm fomentations. The teeth feel elongated; mouth full of mucus, wants to spit all the time; no appetite; constant cough, with tenacious mucus on the chest; cough with asthma after lying down; he has to sit up. Stitches through the head when coughing. Flow of water from the mouth when coughing; the mucus is yellowish-white, tenacious. Sensation as if the chest had too little air, especially in the pit of the stomach; at every movement he loses his breath, feels anxious and prostrated, as if he should die; sleeplessness; depression of the spirits; his limbs feel sore and painful. One dose of Arsenic cured him in four weeks.

Angina Pectoris is another affection which Arsenic may cure.

Arsenic causes a similar affection. According to Myrrhen, Arsenic causes "a sudden nocturnal paroxysm of suffocative catarrh." The paroxysm as described by Myrrhen, constitutes the disease which modern pathologists describe as angina pectoris. Hahnemann informs us in a foot-note to Arsenic that he cured himself of such an attack, which came on every evening after lying down, and finally brought him to the brink of the grave, by means of a very small dose of Arsenic.

Alexander informs us that he cured a most formidable case of angina pectoris by means of five drops of Fowler's solution taken three times a day.

Arsenic will prove of great benefit in affections of the heart.

Wibmer thus sums up the action of this poison upon the heart. "The heart is generally relaxed, not engorged with blood; in the interior of the heart, and especially on the columnæ carneæ and on the valves of the ventricles, particularly those of the left, we frequently perceive a redness spread over a greater or less extent; in most cases we see small, red spots penetrating into the fleshy substance to the depth of one or more lines. The pericardium generally contains a little serum. The blood in most cases has a dark color, is blackish and viscid, coagulated."

These post-mortem changes contain those which Orfila describes as having occurred in a case of poisoning examined judiciously at Paris by this learned man. The case having been brought before the Imperial Academy of Medicine, it was distinctly shown by many members that the redness seen on the inner surface of the heart, so far from being the result of inflammation, was produced by sanguineous extravasations. Christison, Flandin and other toxicologists, deny the correctness of Orfila's conclusions that Arsenic may induce endocarditis.

Be this, however, as it may, the symptoms observed during life, show that Arsenic must be an important agent in affections of the heart. The symptomatic indications which point to Arsenic in affections of the heart, are various: Dyspnœa, feeling of constriction across the chest, palpitation of the heart; anxiety, sense of suffocation; irregularity and intermission of the pulse, which is moreover jerking and rather hard; burning distress in the chest and region of the heart; dry, barking, fatiguing cough; immediately after coughing, the breath becomes very short as if the chest were constricted.

In *Pericarditis*, these symptoms occur in a measure. In this disease Arsenic should not be forgotten. In idiopathic pericarditis arising from exposure to a draught of air or generally of a rheumatic character, Arsenic may be unavailing; Aconite, Pulsatilla, etc., may be indicated in such cases. But in pericarditis, developing itself by a process of metaschematismus, or as a sequela of scarlet-fever, under the influence of some constitutional dyscrasia, Arsenic may prove eminently useful.

In *Hydro-pericarditis*, or *Dropsy of the Pericardium*, if arising under

circumstances like the foregoing, Arsenic is in its place. In acute pericarditis arising from the sudden suppression of an acute inflammatory eruption such as measles or scarlatina, it may be advisable to give Arsenic in alternation with the tincture of Aconite. Dropsy of the pericardium may likewise develop itself suddenly in consequence of the sudden suppression of the menstrual discharge. In such a case Arsenic may have to be used in conjunction with Aconite and Pulsatilla. But when arising from causes similar to those which have been mentioned under pericarditis, Arsenic and Digitalis may have chiefly to be depended upon. In acute or sub-acute cases, and in the case of children, we prefer the lower preparations; in the case of older persons, or in slow, chronic cases, the middle.

In *Carditis Serosa*, or inflammation of the serous membrane reflected over the heart, Arsenic may be useful in the progress of the disease, if the pulse becomes feeble and contracted, the coldness of the extremities increases, and the countenance of the patient expresses anxiety and restlessness. If exudation takes place, so that the beats of the heart become imperceptible, or are felt posteriorly, in the region of the shoulder blade, Arsenic is often the only agent capable of counteracting the morbid process, especially in impoverished, cachectic constitutions.

In the acute form of the disease, where it has developed itself from inflammation of the pleura, or in consequence of rheumatic exposure, or of menstrual suppression through fright, etc., it is indispensable to commence the treatment with the lower potencies of Aconite.

From the post-mortem symptoms reported by Orfila, we would seem to have a right to infer that Arsenic may be useful in inflammations of the internal membrane of the heart, which may result in exudations and polypus formations of the ventricles; whence this form of carditis is very aptly designated as

Carditis Polyposa. The disease may be of rheumatic origin, or it may have been caused by a fright. In such a case, Aconite is indispensable at the outset of the treatment. The symptoms are exceedingly marked: excessive restlessness and anxiety, violent contractions and palpitations of the heart; rigors, burning heat and dryness of the skin, violent thirst. Aconite should be given in tincture-form or from five to ten drops of the first decimal attenuation in ten table-spoonfuls of water; but if the dyspnœa increases to orthopnœa; if the rigors occur in the midst of the burning heat; or if the extremities become cold, and a cold clammy sweat begins to show itself upon the forehead: Arsenic has to be given, or even before, if after repeated doses of Aconite the patient experiences no relief. In

Carditis Scorbutica, scorbutic inflammation of the heart, where the attacks set in with livid color in the face, dirty-yellow appearance around the mouth, symptoms of scorbutic disorganization, enlargement of the liver, etc., Arsenic is probably the only medicine that can do any good.

In *Fatty Degeneration of the Heart*, Arsenic may prove useful. We

know of no agent that is possessed, to a greater extent than Arsenic, of the power of effecting a morbid deposition of adipose matter in the tissues. We know that in slow cases of poisoning by Arsenic, this species of abnormal metamorphosis has taken place in the pulmonary parenchyma, in the kidneys, and in the intestinal canal. In a case reported in Frank's Magazine, a young man discharged *fatty masses* from the bowels. In a case reported by Morgagni, and quoted by Hahnemann, the patient passed a ball-shaped clot which seemed to be composed of *tallow* mixed with tendinous matters. This took place eight days after poisoning. We need hardly remind the reader of the remarkable property possessed by Arsenic of converting dead animal tissue into adipocere.

The symptoms which are present during this abnormal metamorphosis, likewise point to Quinine: slow and feeble pulse, fainting turns, neuralgic pains in the chest, dyspnœa. *The arcus senilis*, by which we understand a fatty degeneration of the cornea of old people, is usually accompanied with fatty degeneration of the heart.

In *Hydrothorax*, Arsenic may afford relief. This disease may be symptomatic of organic disease of the heart, or lungs, in which case a cure is impossible. Idiopathic hydrothorax may yield to treatment. If the patients are of an impoverished constitution, subject to fainting turns, oppressed by anguish, suffering with great dyspnœa, feeling worse in the night, extremities inclining to be cold, face bloated and clammy, expression of suffering and dread in the features, small, feeble, hurried and somewhat irregular pulse, thirst, inability to drink cold water without coughing: we may prescribe Arsenic.

LECTURE XXI.

FEVER GROUP.

ARSENIC is a valuable remedy in various fevers which we find clearly delineated among the effects of Arsenic upon the healthy tissues. In

Bilious Remittent fever, Arsenic is an invaluable remedy. The symptoms which indicate Arsenic in this disease, are: Nightly exacerbations, which constitute a characteristic peculiarity of the action of Arsenic. The fever sets in with a severe chill, followed by burning heat and excessive dryness of the skin, and afterwards profuse and debilitating sweat. During the fever, the patient is attacked with a racking headache as if the skull would fly to pieces; he vomits quantities of green and yellow bile, with excessive retching, looks sallow, is tormented by thirst, and yet the water he drinks excites the vomiting. The tongue looks exceedingly foul, the taste in the mouth is very unpleasant; the bowels are

either costive and feel bloated, or else they are loose, the discharges being slimy, liquid, bilious, blackish and having an exceedingly fetid smell. The urine looks very dark, almost black, has a very foul smell and throws down a very thick, dark-looking sediment which adheres to the sides of the vessel. The patient grows weaker from day to day, loses flesh, feels low-spirited, and looks the very picture of suffering and despair. Arsenic from the 3d to the 6th may prove most serviceable.

Gastric and *Mucous fevers* may likewise require Arsenic. In gastric fever the patient's complexion, except the fever-flushes on his cheeks, is of a dirty-sallow; the tongue has a thick slimy grayish-looking coating upon it; the patient complains of nausea, foul taste, thirst, loathing of food, dry and hot skin, constipation, bloating of the bowels which, however, may not be hard, dark and foul smelling urine.

In *Mucous fever*, the tongue has a thick coating of a tenacious grayish-yellow mucus upon it; the mouth is dry, the patient complains of much thirst, feels nauseated after drinking, is restless, low-spirited, has a very foul taste in the mouth, spits up a good deal of watery mucus having a foul taste; the breath is offensive, appetite gone, urinary secretions very scanty, the urine having a red or deep-yellow appearance; alternate diarrhœa and constipation; irregular chills, heat and dryness of the skin, profuse prespiration preceded by anxiety; flushed face with burning pain in the head, extreme debility. In cases of poisoning, the autopsy has often revealed an universal inflammation of the mucous lining, showing that in inflammatory conditions of this membrane, Arsenic must be of great use.

In these fevers, the third to sixth potency may be found most suitable.

In *Rheumatic fever*, Arsenic may be valuable. The symptoms may be, in a measure, similar to those which have been indicated under Gastric and Mucous fevers, modified in so far as they originated in purely rheumatic exposure, and hence complicated with rheumatic phenomena, such as: swelling, pain and rigidity of the joints and muscles of the arms and legs; inflammatory symptoms in the region of the bladder, liver, bowels, the patient complaining of soreness, stitches in various parts, burning pains in the head, region of the liver, bladder, etc.; excessive derangement of the biliary, urinary and alvine secretions, as indicated by foul tongue, sickness at the stomach, difficult urination, diarrhœa, followed by a paralytic inability of the bowels to move, loathing of food, excessive restlessness, internal chills followed by the breaking out of profuse and debilitating perspiration, and accompanied by a feeling of anxiety.

Homœopathic physicians are too much in the habit of overlooking the property inherent in Arsenic, of exciting inflammatory action. They generally associate with Arsenic the idea of asthenia, weakness. There is no doubt that prostration of strength is one of the most prominent effects of Arsenic upon the healthy organism; but it is

an equally well established fact, that Arsenic will irritate and inflame the mucous membranes, and that the irritative fever caused by this agent may be characterized by an inflammatory type, although a tendency to asthenia, to deep nervous derangements, soon becomes manifest.

The cure of

Intermittent fevers is one of the great triumphs of Arsenic. Even allœopathic physicians regard Arsenic as a sort of panacea for this class of fevers. One of the principal experimenters with Arsenic, among the allœopathic fraternity, is Boudin, physician-in-chief to the military hospital du Roule, in Paris. His mode of using Arsenic in marsh-intermittents, and the results which he has obtained, are contained in a publication, entitled: "*Treatise on intermittent and contagious fevers of marsh districts, followed by investigations regarding the therapeutic employment of arsenical preparations.*" The number of fever and ague patients which Boudin has treated with Arsenic, in the hospitals of Marseilles, Versailles and Paris, where he was successively stationed, amounts to upwards of four thousand. Boudin affirms, that since the year 1843, he has never given a single dose of Quinine for fever and ague.

In his treatise, Boudin quotes Hahnemann, not only approvingly, but respectfully. He administers the arsenious acid in the Hahnemannian fashion, by triturating one-fifth of a grain of this agent with twenty grains of sugar of milk. This triturated mass is divided into twenty powders, each powder containing the one hundreth part of a grain. The powder may be dissolved in water, the solution to be taken about six hours previous to the paroxysm. As far as the dose is concerned, this may be considered a strictly homœopathic prescription. Out of 266 fever and ague patients whom Boudin treated in 1852, 118 were cured with Arsenic alone; 57 were cured with Arsenic, after having previously taken Quinine without effect; 13 were cured with Quinine, upon whom Arsenic had no effect, and 8 remained uncured both under Quinine and Arsenic. This would seem to show that neither the one nor the other is a specific for fever and ague, and that there must be other agents suitable to those eight remaining cases. We might, however, reserve to ourselves the privilege of ascribing the imperfect success of the Arsenic and Quinine in these eight cases to the imperfect manner of exhibiting these agents. Boudin's present mode of exhibiting the arsenious acid, in fever and ague, is expressed in the following three rules, which we find stated in the first volume of Trousseau and Pidoux' Materia Medica:

"*Rule* 1*st*. Commence the treatment with an emetic (Ipecacuanha 20 grains, or Tartar Emetic two grains,) if the fever is accompanied with symptoms of gastric disturbance, suppression or simple decrease of appetite.

"After the fever has been arrested, give another emetic, provided the appetite is not entirely restored; so that the patient may use as soon as possible a generous diet.

"*Rule* 2*d*. Give arsenious acid in fractional doses, that is, one

dose divided into several, the last dose to be given at least two hours before the time when the paroxysm is expected to come on; proportion the dose according to the character of the fever, which varies according to locality, season, and the individuality of the patient.

"Give the arsenious acid until tolerance is reached, so as gradually to arrive at the largest possible dose, giving every quarter of an hour the one-fiftieth or only the one-hundredth part of a grain.

"As the patient bears less of the Arsenic, diminish the dose gradually, and continue to administer the drug in fractional doses; if necessary, give it by the rectum.

"Give the drug both during the paroxysms and during the apyrexia.

"Continue it during an interval proportionate to the duration of the disease, and to its resistance to other and previously instituted modes of treatment. In a first attack of fever and ague, the drug should be continued at least for a week after the last paroxysm.

"*Rule 3d.* Use a substantial and abundant diet, to be limited by the appetite and the digestive powers of the patient. The diet to consist principally of beef, roast mutton; a generous wine to be ordered, in quantities proportionate to the weakened state of the constitution of the patient; watery beverages to be avoided as much as possible."

The fractional doses of Arsenic were undoubtedly suggested to Boudin's mind by Hahnemann. One fiftieth of a grain may seem a large dose to some of us, but there are cases of fever and ague where it may not be large enough, and where one fifth of a grain may be required. Some homœopathic physicians profess to cure fever and ague with the two hundredth potency of Arsenic.

Boudin believes—and some homœopathic writers with him—that fever-and-ague is caused, not by the effluvia of stagnant water, or by the emanations of decayed vegetable matter, but by the emanations arising from *living plants*. Teste avows his adherence to this doctrine, and, with a full reliance in its soundness, goes on to mention several plants as the primary causes of marsh intermittents. "Such are, among others, the *chara vulgaris*, the *riziphorus*, the *calamus*, and the *anthoxanthum odoratum*; and, according to Humboldt, the roots of the *mangrove* tree, and of the *mancanilla*, which, when not covered by water, are supposed by the inhabitants of India to be productive of fever."

This doctrine, plausible as it may seem, mistakes an effect for the cause. If these plants occasion the marsh-intermittents, they certainly must be our very best, yea our specific means of curing them. The terms of our law would lead us to believe this. If this be so, where is the use of seeking a remedy for fever and ague in the forests of Huanco or in the bowels of the earth? Those living plants, if they have any relation to the marsh-intermittent miasm, are an *effect*, not the *cause* of this principle.

Our provings of Arsenic show that this heroic agent must be eminently adapted to the cure of fever and ague. They embrace all the pathognomonic signs of fever and ague. There is a marked

periodicity in the fever-paroxysms caused by Arsenic. Arsenic causes all the secondary pains, the gastric derangements, the prostration and the mental depression which generally characterize an attack of fever and ague. Thirst occurs more particularly during the hot stage. The symptoms of congestion are more marked during paroxysms requiring China, the symptoms of bilious derangement during the paroxysms controlled by Arsenic. This is to be understood in a relative sense, for these two orders of phenomena exist to some extent in either form of the disease. According to Boudin, Arsenic cures fever and ague by setting up an action in the organism which extinguishes the natural disease. This is the common doctrine of counter-irritation, no more nor less. Is this true? Is there not some supreme condition required, some peculiar adaption of the drug to the disease, in order that a cure may be secured? If Arsenic had power to extinguish the intermittent-miasm in an absolute sense, would not every curable case of this disease yield to the influence of that powerful agent? There are cases which remain uncured in spite of the most powerful doses of Arsenic. Others remain uncured in spite of Quinine. Does not this show that, unless Arsenic is given in cases to which it has a peculiar, specific adaptation, it cannot cure fever and ague? This cure depends upon the presence of a principle, in Arsenic, that shall affect the nervous system, as nearly as may be, like the essential principle which constitutes the deleterious property of marsh-intermittents. If there be an agent in nature which embodies a similar or identical principle more fully than Arsenic, that agent will supersede Arsenic in all cases where this superior affinity prevails.

In cases of fever and ague, to which Arsenic is in homœopathic adaptation, this agent will likewise cure the disorders which may result from the fever, such as

Œdema of the feet, face and hands;

Anasarca and *Ascites*, and

Enlargement of the Liver and Spleen. In these affections, if resulting from the cause mentioned, Arsenic is indispensable, though it may not be sufficient in all cases.

In *Typhus*, Arsenic is often an invaluable agent, more particularly in those forms of typhus which are marked by a deeply-rooted disorganization of the vital fluids. In the case of poisoning reported in the British Journal, to which allusion has been made previously, Arsenic speedily developed symptoms of typhus, viz.: *dryness of the tongue and lips, which were moreover cracked and covered with blood and sordes.*

Arsenic causes *Patechial* and *Miliary Eruptions*, another symptom of typhus.

Arsenic causes dryness and coldness of the skin, or clammy sweat; tremulous, hurried and feeble pulse; general trembling; scanty secretion or retention of urine, dark and foul-smelling urine; cadav-

erous stools; thick brown, blackish coating of the tongue; vomiting of bile and dark blood, emaciation, paralytic weakness of the extremities; deep-seated pain in the head, stupefaction, muttering delirium, sense of fright as if some dreadful accident or danger were impending; sinking of the features, with an expression of terror and distress in the countenance.

In *Typhus Petechialis, Typhus of the Bowels and Liver,* Arsenic will prove eminently useful.

Our literature abounds in beautiful cases of this disease, where Arsenic was the only remedy used.

In one case the patient had been given up by his homœopathic attendants. Our advice was requested. We found the patient stupid and delirious, though at times his consciousness would return; petechiæ from which blood oozed in various parts of the body; teeth and tongue covered with black sordes; gums bleeding; hæmorrhage from the nose, conjunctiva and from under the finger-nails; abdomen soft, but very sensitive in the ileo-cœcal region; stools involuntary and cadaverous; urine very dark and foul; skin cold and clammy, pulse hurried, small, tremulous, 120; countenance sunken, sallow, general emaciation. He was attended by two homœopathic physicians, but had never had Arsenic, which, however, was the only remedy indicated. We gave him Arsenic 18, and in one fortnight thereafter, the patient was able to attend to his business.

In another case the patient complained of a black cloud which seemed hovering in the very centre of his brain; tongue darkly coated and dry as leather; bowels constipated and tympanitic; an injection brought away dark and foul masses; urine dark, foul and very thick, skin dry and hot, at times cold and clammy; pulse about 120, soft, undulating, feeble; stupefying headache, etc. Arsenic alone effected a perfect cure.

In another case we found the patient sitting on the edge of the bed, with his elbows resting on his knees, trembling all over like an aspen-leaf; pulse 140, full and jerking; tongue thickly coated with a grayish-yellow slime; skin dry as parchment and burning; agonizing thirst, excessive distress under the right shoulder-blade; expression of intense distress and terror in the features, constant retching and vomiting. In this incipient typhus hepaticus Arsenic 1st at once effected a radical change in the symptons, arrested the convulsive trembling so that the patient was able to lie quietly in his bed, and finally restored his health in one fortnight from the day when we first saw him. In all these cases Arsenic acted as a specific for no other reason than because it has power to develop precisely such symptoms as we have to contend against.

In *Puerperal Typhus,* Arsenic is indicated in the last stage, when involuntary discharges of foul, cadaverously-smelling disorganized

blood and mucus sets in, miliaria or petechiæ break out, the pulse becomes filiform, hurried; the skin is cold and dry, covered with a muddy, clammy sweat, etc.

Let us not forget Arsenic in *Infantile Remittent Fever*, or *Mesenteric Ganglionitis*, when the disease has entered upon the second stage, the stage of suppuration of the mesenteric glands. The fever assumes the hectic type, with distinct evening-exacerbations and night-sweats, emaciation, foul diarrhœic discharges from the bowels. A more complete statement may be found on page 283.

In *Hectic fever* generally, Arsenic is only indicated in so far as it is required for the treatment of the general affection.

In certain forms of the scorbutic diathesis or in *Scorbutic fever*, as we have designated this pathological condition when describing the Fever group of Aconite, Arsenic may be indispensable. It seems to poison the blood similarly to the scurvy-miasm, causing petechial exudations on the skin, hæmorrhagic effusions in internal organs, fetor of the mouth, sponginess and bleeding of the gums, black sordes on the teeth, excessive prostration, emaciation, etc. We may therefore recommend Arsenic as eminently useful in

Purpura Hæmorrhagica Werlhofii, where the tendency to disorganization of the blood, effusions from the capillaries, prostration, constitute characteristic signs of the disease. In the simple form of this disease, where the capillary hæmorrhage seems to result from deficient irritability of the capillary tissue rather than from an impaired vitality and consequent disorganization of the blood,—a form of purpura which may supervene in consequence of a sudden cause, fright, rheumatic exposure,—Aconite may be not only useful but necessary and sufficient for a cure; but in the malignant form of this disease, where the blood is poisoned and the irritability of the capillary tissue becomes extinct in consequence of the altered vitality of the blood, such remedies as Arsenic, Hyoscyamus, Ammonium carbonicum, become indispensable. Of Arsenic, the middle and higher potencies will be found most useful in this disorder.

EXANTHEMATOUS GROUP.

Arsenic develops petechiæ, miliaria, pustulous, tuberculoid and ulcerous disorganization of the skin. Hence we may find Arsenic indicated in

Pemphigus, with distressing burning in the bullæ.

Blotches, red, fiery, burning and itching, hard and scaly.

Scarlatina miliaris, when the eruption assumes a malignant character, the vesicles collapse, the skin, from burning hot changes to cold, the pulse collapses, the bowels discharge involuntarily a foul and slimy, watery substance, etc.

Variola and *Varioloid*, under similar circumstances as in miliary

scarlatina, with collapse of the pustules, coldness of the skin, sinking and extreme rapidity of the pulse, stupor, foul and involuntary discharges from the bowels;

Malignant pustulous Erysipelas to which your attention has been directed on previous occasions.

Anthrax, for which we refer the reader to page 302.

Chronic *Urticaria* or nettle-rash, with furious burning and itching, and præcordial anxiety, oppression, restlessness and trembling.

Crusta serpiginosa, with rapid spreading of the crusty eruption, and oozing of corrosive ichor from under the crusts.

Psoriasis diffusa, with cracking of the skin, rhagades, oozing of blood and serum, furious burning and itching;

Tinea capitis maligna, with formation of thick, dark crusts secretion of an ichorous bloody, fetid pus, matting the hair and causing it to fall out.

Ichthyosis, a disease, where the epidermis becomes harsh, dry and scaly, like the scales of fishes; this disorganization is designated by the term *Ichthyosis*, from the Greek name *ichthus*, a fish.

Elephantiasis, the skin becoming thick, rugose, tuberculoid and insensible. The legs may become enormously swollen like the legs of an elephant; hence the name of the disease. We have also the

Elephantiasis of Cayenne or mal rouge de Cayenne, with red and yellow spots on the forehead, ears, nose, hands, loins, etc.; these gradually spread further, becoming scaly, and resulting in disorganization, rhagades, ulceration and caries of the affected parts.

Other forms of this loathsome disease, such as the

Elephantiasis of Java, characterized by large white tumors of a scrofulous nature, and gradually ulcerating and destroying both the soft and osseous tissues, likewise require the use of Arsenic.

Lepra or Leprosy cannot be treated without Arsenic. In this disease the skin may be covered with scales, crusts or tubercles. In some forms of lepra the scales are whitish, in others livid. Elephantiasis is a species of lepra. Pellagra, a disease that seems to have been endemic in the district of Milan, Italy, is likewise a species of lepra.

It has been very commonly observed that the sexual passion becomes powerfully roused in lepra. This furnishes an additional indication for the use of Arsenic.

Arsenic is of the utmost importance in the treatment of

Malignant Ulcers, secreting a thin, ichorous, offensive pus, with distressing burning, destruction of the soft parts, bleeding.

We have alluded to cancerous ulceration on a former page.

Lupus, a phagedenic ulcer, so named because it eats away the soft and cartilaginous parts, requires Arsenic. It may be necessary to apply this agent even externally; this should be done cautiously, so as to prevent poisonous effects which are so common under Old-School treatment. The third or sixth potency, applied externally may facilitate the action of a similar or higher potency used internally.

Arsenic is also useful in

Prurigo, for it causes a burning itching of the whole body, and in

Pityriasis, or desquamation of the skin, which comes off in small bran-shaped scales, and particularly in

Alopecia or *Baldness*, when resulting from excessive dryness of the scalp, with scaling off of the epidermis. This may be an idiopathic condition of the scalp, and also a symptom of general marasmus.

Falling off of the Nails, may be a result of a diseased condition of the nails, and also a symptom of marasmus.

In the treatment of acute eruptions to which Arsenic is specifically homœopathic, very small doses of this agent are sometimes able to effect a speedy and permanent cure.

A case of *Crusta serpiginosa* arising from bad vaccine and spreading in thirty-six hours over the whole of the upper arm, face, neck and part of the thorax, forming horrid, thick, green and brown-looking crusts, with discharge of a most corrosive ichor, burning and itching, was completely cured in three days by a single globule of Arsenic 200. The Arsenic was given at night, the crusts were perfectly dry next morning, and fell off in three days thereafter.

A robust man of forty-three years had his face, chest, neck, forearms and hands covered with ichorous, burning ulcers; at first red pimples broke out, which soon discharged a yellowish pus, forming crusts and sores; the patient had moreover chills, yellow diarrhœa; tongue coated dirty yellow; yellow urine; spirits depressed. Arsenic 30th cured him at once.

Dr. Kretzschmar treated a young student for a red looking, burning herpes between the shoulder-blades; at night the burning was horrible; the parts were covered with vesicles; in five days a similar herpes broke out in the pit of stomach, as if he had been burnt by sulphuric acid; Arsenic 30 cured him in one day.

Arsenic has caused dropsical effusions and œdema; hence we may prescribe it in

Anasarca, more particularly after fever and ague, or as a consequence of retrocession of some acute eruption;

Ascites, when resulting from disease of the liver and kidneys; the skin feels cold and dry, and the urinary secretions are very much diminished. In

Ascites saccatus or *sacculated Dropsy*, (hydatids), Arsenic is eminently useful, when resorted to in time. In

Hydrothorax and *Dropsy of the Pericardium*, the use of Arsenic has already been alluded to.

Partial *Dropsy*, of the face, hands, feet, may be advantageously treated with Arsenic. The general condition of the patient should of course correspond with the general action of the drug, more particularly debility, feeble and somewhat accelerated pulse, tremulousness, loss of appetite, tendency to emaciation. This appearance of dropsy may constitute a marked

Œdema of the parts, without any effusion having as yet set in Arsenic causes this condition of the system.

MENTAL GROUP.

Arsenic causes depression of spirits, melancholia, hypochondria, præcordial anxiety, a feeling as if one had committed great crimes. Hence Arsenic may be a most valuable remedy in the treatment of certain forms of mental derangement, more particularly when characterized by deep melancholia, anxiety for one's future welfare, a feeling of remorse as if one had committed a crime.

In the following case of

Melancholia, a beautiful cure was affected by Arsenic.

A gentleman, thirty-two years old, of robust frame, consulted Dr. Weber for periodical paroxysms of melancholia; he had no rest at night, perspired all over, was tormented by frightful anguish as if he had committed a dreadful crime; it drove him about from place to place; cried that he was not conscious of any wrong, and yet he would beg every body's pardon; violent heat in the face and about the head; pulse eighty, rather feeble; paroxysms every three or four weeks, they continued for six or seven days and had existed for years. Arsenic 30 cured him speedily and permanently.

In *Marcus' Ephemerides* a very curious effect of Arsenic is mentioned. A barber had cured himself of fever and ague by taking a solution of Arsenic. The drug caused a peculiar monomania. Every time the barber shaved a customer, he was seized with an almost irrepressible desire *to cut that person's throat.* He frequently had to throw away his razor and to run out of the room in order to shield himself against this mania. The patient had a *fixed look*, and tremulous motions. He was restored by large doses of the sulphuret of potash.

For the dreadful *Monomania of Murder*, Arsenic may therefore prove useful.

SLEEP.

Arsenic causes excessive restlessness especially at night, when the effects of Arsenic are generally more marked than in the daytime; the patient is utterly unable to keep quiet, he has to move and toss about continually. Arsenic also causes nightly attacks of dreadful anxiety and oppression during sleep, which suddenly rouse him as if he should suffocate. Anxious dreams, or dreams about revolting vermin, animals, constitute another effect of Arsenic. These symptoms, if occurring as elements of other, more general groups, are so many characteristic indications for the use of this great agent.

DOSE: From one-fifth of a grain to the two-hundredth potency.

This ends our Arsenic-chapter. No agent in our Materia Medica, save one, has produced more extensive ravages among the human

family than Arsenic. That one is Mercury. And yet, in the hands of a homœopathic physician, Arsenic becomes a mild, gentle, life-saving, health-restoring power. How beautifully is the glorious prophecy fulfilled by Homœopathy, that "*the lion and the lamb shall lie down together, and a little child shall lead them*" Yes, the fierce, life-destroying poison which entails nameless suffering upon a confiding world, when administered by our brethren of the opposite side, is transformed into an angel of mercy by the beautiful little child sent to us by the Almighty Father of our race through the illumined brain of Hahnemann. It is the law "similia similibus," this untainted offspring of a heavenly inspiration that transforms the roaring lion into the gentle lamb, and unites them in the bonds of harmony. The roaring lion is the fierce essence which, like a hellish fury, ravages the tissues, scattering havoc and pain along its path. The lamb is the homœopathic agent which typifies the spiritual essence in material nature, its very product or substratum, its physical form or embodiment. The little child is the attractive force, which with gentle but irresistible power, draws the spiritual essence to its material representative, the gentle lamb, the little globule which is harmless for evil, but most powerful in the good work of redemption from disease.

How differently is disease viewed by the philosophical homœopath from what it is by a practitioner after the old routine. This one looks at the disturbed tissue; he beholds a suppurating or ulcerated surface, and he calls this morbid process a disease. To the Old-School pathologists disease is a material thing; he does not wish to be looked upon as a materialist, and yet all his practices are suggested by materialism. He bleeds in order to free the organism from the vitiated blood; he physics the bowels in order to sweep out effete matter, or to drain the organism of some morbid irritation that has accumulated about the head, liver or stomach.

The homœopathic physician looks at a diseased surface, and what does he behold? A spiritual or dynamico-morbific force which is disorganizing the tissues. This is the real disease, and it is this force or essence that has to be removed from the organism. No cure is possible, unless this removal is effected. How is it accomplished? Why, we accomplish it, as Celsus advised, *cito, tutè, et jucundè*, by applying the great law of attractive affinity, *attractive similarity* to the morbific, disease-creating essence. We act upon it by means of an agent which is its material form in Nature. It is by this simple process that we accomplish a great fact, the restoration of order in the tissues by inducing the morbific esssence to unite itself of its own accord, by its own free choice, with the remedial agent, and to free the organic tissues from its destructive presence.

The organic alterations are not the disease; this the homœopathic physician is fully aware of; they are the effect or product of the morbific essence acting upon the tissues. We may compare the series of morbid phenomena which we are in the habit of designating as the disease, to an accident on some railway. The accident happens at a particular point, but the news of it is flashed along the wires to every part of the inhabited globe, and is received by every nation in its own language. In a similar manner, an accident that

happens at some point in the human organism, is flashed across the delicate telegraphic wires which we call nerves, to the different organs and tissues. He who is unable to decipher the symbolic signs in which these symptomatic messages are written, will not be able to understand the nature of the accident that requires to be remedied. He who knows how to decipher the messages that are flashed across the ganglionic wires, perceives the unity of these abnormal sensations and functional derangements, and, tracing them to the point whence they emanate, he applies his remedial agent to this point of departure, this fountain-head of the symptomatic indications. The homœopathic physician has no difficulty in comprehending that a small dose, an infinitesimal globule even, may reach this starting-point of the disease in the organic tissues. A short time ago, we read in the papers that Madame Moet, who owns a portion of the valuable and interesting region that produces the delicious champagne, was stung by a mosquito which probably had fed upon carrion. Very soon after the bite was inflicted, a principle of gangrenous disorganization spread from this scarcely perceptible point, and destroyed life in forty-eight hours, under the most excruciating torments.

If we knew how to meet the disorganizing morbific agent at its very starting-point, every trace of its presence would soon be wiped out. To the homœopathic physician who is fully impressed with the fact that Homœopathy is the science of medicine as developed and felt by the inner reason which is in communion with the eternal and infinite truth of heaven; whereas, Allœopathy is the delusive and material science, cherished, propagated and applied by the deceitful, gross and degrading understanding of the senses; to such a follower of the good and wise Hahnemann, the difference between a globule of the two hundredth potency of Arsenic and a powder of the third trituration cannot be so overwhelmingly great. He certainly does not consider himself justified in looking upon a globule of the higher potency with supercilious contempt for no other reason than because a powder of the first trituration has been useful and necessary to him in some cases. Paganini elicited sounds of sweet harmony from one string alone, but when playing upon all the strings of his violin, the harmony was far richer and soul-stirring.

Gentlemen, do not suffer your minds to be tied down by empiricism and routine. Do not come to me with preconceived ideas. Let me find in you receptivity and a determination to think for yourselves. You are the salt of the earth. If you come to hear my teachings, you must expect to hear new ideas, new definitions, new applications of the homœopathic law. New? Yes, and God grant, more scientific, more rational, more satisfactory and more fruitful in good results than the practice of mere symptom-mongers and routinists. Homœopathy is not the system of a day, nor the theory of a man; she is the handiwork of the great Architect of Nature, and unless you study her as a divine science, a Christian science, a science intended for the universal good, and not for mere individual lucre and glory, you cannot possibly do justice to her high behests, you cannot possibly be what the Creator designed you should become: workmen in His vineyard.

LECTURE XXII.

BELLADONNA,

(*Deadly Night-shade.*)

Atropa Belladonna.—Nat. Ord. Solanæ.—A native of the South of Europe, where it grows in mountainous regions, on eminences covered with forests, also in damp and shady places. The plant growing in mountain-forests is much more vigorous than the artificially reared, or that which grows in damp or shady places. It was probably known to the Greeks; hence the name *Atropa*, from *atropos* (inexorable); hence it was also termed *Solanum lethale*. Belladonna is the Italian for "beautiful Lady;" the Italian ladies used the distilled water of belladonna-leaves as a means of beautifying their complexion; hence the name "*Solanum Cosmeticum*."

In Plutarch's history of Antonius, he states that the Romans, on their retreat from the Parthians, cooked this plant as a vegetable; Plutarch describes the effect as follows: "Those who sought for herbs and pot-herbs, found but few, and tasting unknown herbs, they found one which brought on madness and death. He that had eaten it, immediately lost all memory and knowledge, but at the same time would busy himself in turning and moving every stone he met with, as if he were upon some very important pursuit. The camp was full of unhappy men bending to the ground, and thus digging up or removing stones, till at last they were carried off by bilious vomiting, when wine, the only remedy, was not to be found.

In Buchanan's history of the Scots, you will find it stated, that the Danes, under Sweno, were defeated by Macbeth, and that many were destroyed by the Scots who poisoned the bread and wine, which they were bound by agreement to send to their enemies during the truce, with a mixture of Belladonna; hence Shakespeare calls it "insane root."

Belladonna seems to act primarily upon the cerebro-spinal system of nerves, and to affect the vascular system secondarily. The most characteristic symptoms of poisonous doses of Belladonna are: dryness of the mouth and fauces, difficulty of swallowing, constrictive spasms of the fauces, inflammation of the fauces, dilatation of the pupils (mydriasis), presbyopia or long-sightedness, with obscurity of vision, or amaurosis; optical illusions (phantasms), suffused eyes, singing in the ears, numbness of the face, giddiness, delirium and intoxication, sopor, scarlet-eruption on the skin.

One hundred and fifty soldiers were poisoned with Belladonna near Pirna in Saxony. They exhibited the following symptoms: "Dilatation and immobility of the pupil; almost complete insensibility of the eye to the presence of external objects, or at least confused vision; injection of the conjunctiva with a bluish blood; protrusion of the eyes which in some appeared as if dull, and in others ardent and furious; dryness of the lips, tongue, palate and throat;

deglutition difficult or even impossible: nausea not followed by vomiting; feeling of weakness, lipothymia, syncope; difficulty or impossibility of standing; frequent bending forward of the trunk; continual motion of the hands and fingers; gay delirium, with a vacant smile; aphonia or else confused sounds uttered with pain: probably ineffectual desires of going to stool; gradual restoration to health and reason, without any recollection of the preceding state."

Dr. Pereira reports seven cases of poisoning with Belladonna, two of which proved fatal; they occurred in the London hospital. The following symptoms attracted the Doctor's special attention:

1. *Dryness of the fauces*, causing excessive difficulty of swallowing and alteration of the voice.

2. *Scarlet-eruption* on the arms and legs.

3. *Mydriasis* and *Presbyopia*. According to Dr. Pereira the amaurotic weakness which Belladonna is said to produce, is chiefly owing to presbyopia.

4. *Delirium, Phantasms.*—The delirium was of the cheerful or wild sort, amounting in some cases to actual frenzy. In some of the patients it subsided into a sort of sleep attended with pleasant dreams which provoked laughter. The delirium was attended with phantasms, and, in this respect, resembled that caused by alcohol; but the mind did not run on cats, rats, and mice, as in the case of drunkards. Sometimes the phantasms appeared to be in the air, and various attempts were made to catch them or chase them with the hands; at other times they were supposed to be on the bed. One patient (a woman) fancied the sheets were covered with cucumbers.

5. *Convulsions; Paralysis; Sopor* or *Coma*. In most of the cases, the power of the will over the muscles was so far disordered, that the muscular movements were somewhat irregular, causing a kind of staggering or jerkings; but actual convulsions were not general. There was sopor which terminated in coma, with a weakened or paralytic condition of the muscles.

These remarkable effects of Belladonna suggest the use of this drug in a variety of important affections.

The symptoms of No. 1, point to aphonia and catarrhal irritation of the throat, angina faucium.

The symptoms of No. 2 reveal the specific homœopathic relation of Belladonna to scarlatina lævigata, the old-fashioned smooth Sydenhamian scarlatina.

No. 3 indicates diseases of the eyes where the pupil is abnormally dilated.

No. 4 suggests typhus of the brain, delirium tremens, various forms of craziness.

The symptoms of No. 5 indicate chorea, apoplexy and paralysis.

Müller of Vienna gives an interesting description of five persons in one family who had eaten of the berries of Belladonna. Two of the children (boys), having eaten a good quantity of the berries, were attacked with the following symptoms: They attempted to get from their beds and were with difficulty restrained; continual motion of their hands and fingers, and desire to lay hold of the coverlets or other objects within reach; thrusting the fingers up the

nostrils; acute delirium; vision nearly gone, but both patients at the same time fancied they saw a number of objects; great dilatation and insensibility of the pupils; eyeballs alternately fixed and rolling; spasmodic action of the muscles of the face; grating of the teeth; yawning, etc.; voice hoarse and weak; slight swelling of the left side of the throat, and burning sensation in the œsophagus; decided aversion to all liquids; and spasmodic attacks whenever they were forced to swallow anything.

In this case we have some symptoms pointing at *typhus*, such as: desire to lay hold of the coverlets and bedclothes; seeing a number of objects; eyeballs alternately fixed and rolling.

Other symptoms point to *Hydrocephalus*, such as: thrusting the fingers up the nostrils; dilatation and insensibility of the pupils; eyeballs alternately fixed and rolling; spasmodic action of the muscles of the face; grating of the teeth.

Other symptoms point to *Hydrophobia:* aversion to all liquids, and spasmodic attacks whenever they were forced to swallow any thing.

One symptom points to *Catarrhal Irritation of the Air-passages* and larynx: voice hoarse and weak.

The following case of poisoning by Belladonna has been extracted from Orfila: A child, of four years of age, of feeble constitution but otherwise well, ate at eleven o'clock a quantity of the berries of Belladonna. The following symptoms soon set in: want of appetite; nausea, vomiting, symptoms of intoxication, slight delirium and inextinguishable thirst; afterwards tumefaction and redness of the face and lips; raising of the eyelids; dilatation of the pupils; insensibility of the eyes to light; convulsive closing of the jaws and contraction of the muscles of the face and extremities; delirium; very feeble pulse and irregular respiration. Next day: increase of convulsive movements, with redness of the face, and profuse perspiration; the pupils remained dilated; there was great rigidity down the spine; tumefaction of the abdomen which was very tender to the touch; constipation and weak pulse. On the third day these symptoms continued, but in a less degree; the child complained of great pain in his teeth. On the 31st, all the symptoms had disappeared. An emetic was given followed by vinegar and honey.

In this case the power of Belladonna of causing and therefore curing *Tetanic Spasms*, is evident; the convulsive closing of the jaws and contraction of the muscles of the face and extremities, and the rigidity down the spine, point to this affection; the spasm should be characterized by swelling and redness of the face and comatose condition, feeble pulse and irregular breathing.

Some children ate in a garden some of the berries of Belladonna; they soon were attacked with violent fever, accompanied by convulsions and strong palpitation of the heart; they lost their senses and became very delirious. One died the next day. One of the children ate four, the other six berries of Belladonna; an hour after, both of them were so extravagant in their manners that they astonished their mother. Their pupils were dilated; their vision was altered;

and a gay delirium, accompanied with fever, set in. The physician who was called in, found them in a state of great agitation; talking at random; running and leaping about; laughing sardonically; with purple faces and rapid pulse. An emetic was administered, the berries were thrown up, and the symptoms gradually disappeared.

This case shadows forth a group of *Typhus cerebralis* and *Hysteria*.

By studying a few more cases of poisoning by Belladonna, we shall find it exceedingly easy to obtain a comprehensive and correct knowledge of the general therapeutic range of this powerful and exceedingly important agent.

A boy of six years swallowed a few berries of Belladonna, and was attacked with violent colic; he jumped out of bed, became delirious, broke out into loud laughter, and lost his senses so entirely that he did not even recognize his own parents. Pulse *slow* and *full*; head and face neither red nor hot; pupils exceedingly dilated and insensible to the light; abdomen somewhat distended. After drinking water and vinegar, he vomited black, slimy masses.

This case illustrates the power of Belladonna to disturb the brain. The delirium was characterized by loud laughter and loss of sense.

Six individuals, the mother, four children and a servant, ate a few berries of Belladonna at supper. The mother and servant each ate about six. They were attacked with nausea, diplopia, constrictive sensation in the throat, vertigo and drowsiness. Next morning the servant-girl, who had vomited previously, only had headache, with languor, dilatation of the pupils, redness of the face, pulse somewhat accelerated. A girl of four and one of eight years, staggered about the room *as if intoxicated*, were delirious; face red, eyes protruded, pupils dilated, with staring look, increased heat of the skin, pulse very much accelerated. The mother spent a restless night, and towards morning became a perfect *maniac*, trying to *bite* and *strike* her attendants; the delirium was at times interrupted by loud laughter and grating of the teeth: her head was hot, face red, look wild and staring, tongue dry, abdomen somewhat distended, pulse small and very frequent. Two children, one of two years and a half, and the other of six, who had eaten the largest quantity of the berries, were *soporous*, with violent *spasms* of the extremities; head hot, face red, eyes protruded, pupils very much dilated, look staring, tongue dry, abdomen distended and very hard, pulse very frequent and small, grating of the teeth and *croupy cough*.

An emetic of the sulphate of copper was given, three and five grains; cathartics were employed, water and vinegar as a beverage, cold fomentations to the head, leeches to the temples, and mustard-poultices to the feet and legs. All were saved.

This case shows that Belladonna is capable of producing *rage*.

The soporous condition of the children reveals the power of causing violent sanguineous engorgements of the brain, and of developing spasms in consequence of this excessive pressure upon this central nervous mass. The spasms may also be accounted for upon the

ground that the irritation induced in the brain, was successively communicated to the ganglionic system.

The cerebral symptoms exhibited by the children, likewise delineate in a most marked and characteristic manner a pathological process in all respects analogous to hydrocephalus. The sopor, the grating of the teeth and the convulsions of the extremities characterize the transition from the inflammatory stage to that of effusion.

These few cases of poisoning evidence the great power possessed by Belladonna over the functions of the cerebro-spinal axis, and testify to the therapeutic virtues which Belladonna must evince in some of the most formidable cerebral diseases. It is not only from cases of poisoning, however, that these virtues are inferred; they have likewise been made apparent by systematic provings upon the healthy. Let us now proceed to consider the physiological action of Belladonna under the usual categories, introducing characteristic effects of poisonous doses according as they may aid us in completing the parallel between the series of pathological and that of pathogenetic phenomena.

CEPHALIC GROUP.

In looking at the symptoms which Hahnemann has recorded as the result of the action of moderate doses of Belladonna upon the brain, we shall find that various forms of headache are distinctly delineated by these symptoms. Some of the most characteristic are:

Pressure in the brain, with sopor and vomiting;

Headache, especially in the forepart of the head, worse during motion and when stooping;

Continuous and forcible dilatation of the whole brain:

Sensation as if the sutures of the skull should be pressed asunder; feeling in the head as if a lever were applied for the purpose of breaking it asunder.

Headache above the orbits as though the brain should be pressed out, obliging him to keep his eyes closed, with contraction of the pupils;

Pressure in the head, extending over a large surface;

Sensation in the forehead as though the brain were ascending and descending;

Pain as if the head were screwed together from side to side;

Violent throbbing pain in the forehead, as if the bone should be raised;

Throbbing from before backwards, externally the throbbing terminates in stitches.

These symptoms indicate the use of Belladonna in

Congestive Headache, which may result from a variety of causes, rheumatic exposure, sudden suppression of diarrhœa, of the menses, or of hæmorrhoids, etc.

Belladonna may also cause *tearing, boring, lancinating* and *jerking* pains in the head. Hence we may find this drug indicated in

Rheumatic and *Nervous Headaches* or *Hemicrania,* where symptoms of cerebral engorgement will however not be wanting.

If Belladonna is specifically indicated in a case of headache, a cure may be affected in a very short period. A man had been complaining for four weeks of a very disagreeable heaviness and fulness in the whole forepart of the head, with sensation as if thousands of ants were crawling under the parietal bones, and a feeling, when stooping, as if the brain would fall forwards. He took a few spoonfuls of a solution of one drop of the tincture of Belladonna in a tumblerful of water, and was permanently and radically cured.

The few cases of poisoning which we have related previously, suggest the use of Belladonna in

Vertigo;
Apoplexy;
Congestion of the brain;
Phrenitis, inflammation of the brain;
Mania-a-potu;
Typhus;
Dementia, Mania, Rage.

Vertigo.

The patient wants to turn about in a circle as sheep do when afflicted with the disease known as Vertigo. Orfila produced this symptom in his experiments with Belladonna. The derangement may be functional, or it may result from some disorganization. In Froriep's Notices, we read of a woman aged 55 years, who was first attacked with vertigo and afterwards with convulsions, attended with an irresistible desire to turn from right to left. If the patient happened to be sitting during the paroxysm, she would turn about with her chair. At first the paroxysms occurred seldom, but afterwards every 15 or 20 minutes, Between the paroxysms she was conscious, but during the paroxysms she barked liked a dog. She died suddenly. A post-mortem examination showed two osseous excrescences along the basilar margin of the skull, compressing the anterior crura of the medulla oblongata. The origin of the fifth pair of nerves was softened. Other cases of this form of vertigo are recorded. If merely a symptom of functional disorder, Belladonna will relieve it.

Apoplexy.

In some cases of poisoning Belladonna has caused great slowness and fullness of the pulse, or else a contracted, hurried and intermitting pulse; some patients have lost their consciousness, with sudden falling down, and paralysis of the lower extremities. An old farmer who had eaten a considerable quantity of the berries, was seized with *profound coma* and obstinate constipation. Belladonna causes dilatation and insensibility of the pupils; bloating and glowing redness of the face, purple spots in the face, protrusion and injected condition of the eyeballs; deep, stertorous, rattling breathing;

burning heat of the skin; in short a group of symptoms which are eminently characteristic of apoplexy.

Congestion of the brain.

All the prominent symptoms in a case of poisoning by Belladonna show, that sanguineous engorgement of the cerebral vessels is one of the most marked effects of this drug. The face looks bloated, red; the carotids throb violently; the jugulars are swollen; the skin is burning and dry; the patient lies in a state of sopor, from which he wakes every now and then with a start; the eyes look blood-shot and seem to protrude from their sockets; the pupils are excessively contracted, or this excessive contraction may alternate with extreme dilatation. No agent corresponds with such a group of symptoms more accurately than Belladonna. We do not hesitate to give it in tablespoonful doses of a solution of one drop of the ordinary tincture, or five drops of the first decimal attenuation in about ten tablespoonfuls of water.

Phrenitis, Meningitis, Encephalitis, Inflammation of the Brain.

In this disease, Belladonna is one of the main supports of the homœopathic physician. It is indicated

a. by the *pains*, tearing, lancinating, throbbing and deep-seated aching pains;

b. by the signs of *vascular engorgement*, swelling of the head and face, burning redness of the face, protrusion and congested appearance of the eyes; purple spots in the face, heat of the head, throbbing of the carotids and temporal arteries;

c. by the *fever*, pulse full, hard and tense; skin burning and dry, excessive thirst during the moments of consciousness.

d. by the *delirium*, which is generally of the violent kind; the patients howl, kick, tear and strike about with an extraordinary power of resistance.

e. by the condition *of the pupils:* they are contracted and exceedingly sensitive to the light;

f. by the consensual phenomena and phenomena of the ganglionic system, such as: deafness and blindness, or excessive sensitiveness to noise; sudden changes of color in the face from red to pale; starting of the extremities and subsultus tendinum, sopor; and lastly

g. by the character of the secretions; the urine looks red and the bowels are bound.

Belladonna affects the brain and nervous system generally in a precisely similar manner; hence the remarkable control which Belladonna has over inflammation of the brain in all curable cases where these phenomena constitute characteristic indications.

Belladonna is even homœopathic to

Hydrocephalus or *Dropsy of the Brain;* when resulting from previous inflammation. Belladonna has all the symptoms which generally mark the setting in of effusion into the ventricles, grating

of the teeth, frequent changes of color, sudden and extraordinary dilatation of the pupils, tetanic convulsions, coldness of the skin, slowness and sinking of the pulse, which gradually changes to a quick, small and compressible pulse, and at times even involuntary discharge of stool and urine. Belladonna is useful in hydrocephalus only in cases that had been treated allœopathically, and where this agent was originally indicated. If effusion sets in in inflammation of the brain, under the use of Belladonna, we cannot expect much of this agent, and some other medicine, such as Sulphur, Helleborus, Digitalis or Mercurius, will have to be resorted to.

In *Chronic* or *Congenital Hydrocephalus*, Belladonna may possibly be of use, together with Sulphur, Digitalis, etc.

In *Tubercular Meningitis*, the effusion at the base of the skull where the tubercles are more generally formed, may perhaps be prevented by the timely use of Belladonna. But whether a resolution and absorption of the tubercular deposit can be effected by any treatment, is still undecided. The prognosis in all such cases is so far exceedingly unfavorable.

In *Encephalomacia* or *Softening of the Brain*, Belladonna is, as far as we know, an agent that may prove of importance. The symptoms which characterize this disease, point to a condition of the brain such as may develop itself under the paralyzing action of Belladonna. Loss of memory, depression of the sensorial functions, vertigo, blackness of sight, hardness of hearing, deep-seated aching pain in the head, difficulty of articulating, dragging gait, until paralysis finally sets in. During such an attack, the patients do not altogether lose their consciousness; they look pale and their features are disfigured; the pulse is small, feeble, filiform; the brain seems anæmic rather than engorged with blood.

Nevertheless a post-mortem examination in the earlier period of the disease, shows the brain dotted with a numberless multitude of bloody points, probably effusions from the mouths of the capillary vessels. At a later stage, the brain is found reduced to a soft ulcerous pulp which is sometimes so little coherent that under the least pressure it will diffuse itself like a liquid mass. Wibmer mentions the case of a man of 62 years who was poisoned by the berries of Belladonna, and whose brain seems to have undergone a similar change ot putrid softening.

Mania-a-potu.

The homœopathicity of Belladonna to some forms of this disease is self-evident. The patients fancy themselves assailed by robbers, or threatened by mice, rats, cats and other forms of animals from which they endeavor to escape. The delirium is of a furious kind; pulse full, hard and bounding; face bloated and red, or with purple spots; eyes glistening and staring, at times gorged with blood. Such patients are troubled with all sorts of hallucinations; they imagine that somebody is calling them. Trembling of the extremities is a common symptom; the urine looks red, the fæces have a dark and

burnt appearance, and the skin, although warm, yet may be drenched with sweat.

The principal indications for Belladonna in this disease are the character of the delirium, and the signs of cerebral congestion which are undoubtedly present in mania-a-potu.

According to Schœnlein, the absence of all signs of cerebral congestions and of fever, constitutes a diagnostic sign of this disease as contrasted with inflammation of the brain. This is true in delirium tremens; but in mania-a-potu which may be regarded as the first or inflammatory stage of this disease, a well marked inflammatory fever is present, where the existence of cerebral congestions is unmistakeable.

Typhus.

The homœopathicity of Belladonna to typhus is substantiated by a number of symptoms characterizing the action of Belladonna upon the cerebral tissues. In all forms of typhus to which Belladonna is homœopathic, the cerebral symptoms are most marked. No matter in what organ or tissue the inflammatory process first manifested itself, Belladonna may be used in any form of typhus where the delirium and the typhoid symptoms generally are strictly analogous to those which Belladonna is capable of causing. These are :

Pains in the head such as may be occasioned by Belladonna, particularly a violent beating in the head; distress as if the skull-cap would fly off; feeling of heat in the head;

Expression of distress and suffering in the countenance;

Glistening and staring, also blood-shot eyes, also with spasmodic rolling of the eyeballs upwards or laterally, and alternate contraction and dilatation of the pupils;

Thickness and heaviness of the tongue, almost amounting to paralysis, so that the patient is only able to utter inarticulate sounds; the tongue looks and feels like scorched leather, is covered with a thick, glazed, brown or blackish looking coating;

Unquenchable thirst, sometimes attended with spasmodic constriction of the throat and intense burning in the fauces so that the least attempt to swallow a drop of liquid causes suffocating spasms of the throat and general tetantic convulsions;

Typhomania, alternate coma and delirium which is at times bland, at others furious; the patient can hardly be held on his bed, he wants to get away, strikes about, uses profane language, etc.

Optical phantasms and *hallucinations*, which will be described in the optical group.

Picking at the bed-clothes and *catching at flocks;*

In the first stage of typhus the pulse may be undulating and soft, but somewhat accelerated. As the disease progresses, the pulse increases in frequency, becomes smaller and more compressible. When the paralytic stage is approaching, the contents of the bowels and bladder pass off involuntarily, and the skin becomes covered with a clammy sweat. Belladonna may be indicated even in this

stage, for our provings and the effects of poisonous doses show, that this agent causes a paralytic relaxation of the sphincters, dryness, brittleness and increased warmth of the skin, with partial clammy sweats, and a hurried, feeble, vibratory pulse.

A case of poisoning is reported in Frank's Magazine which shows conclusively that Belladonna is capable of causing paralysis, and may therefore be of use in the paralytic stage of typhus. The paralytic symptoms were induced by an injection consisting of a decoction of three drachms of the leaves of Belladonna in three quarts of water.

The eyeballs were considerably protruded, immovable, sometimes bathed in tears; the pupils enormously dilated. Froth at the mouth; tongue paralyzed, dry, cracked; loss of speech, difficulty of swallowing; face sunken, covered with a cold, clammy sweat. Stupor; trembling of the arms when attempting the least motion; pulse small, contracted, it cannot be counted, cold sweat on the extremities; breathing apparently unimpeded, but with frequent moanings; the abdomen drawn in rather than distended; a watery and inodorous urine was discharged continually without consciousness; bowels entirely bound; the lower extremities were not exactly paralyzed, but cold and half rigid.

Mania, Dementia, Rage.

In the "Mental Group" we shall range a number of phenomena which indicate Belladonna as a great remedy for different forms of mental alienation, more particularly for

Mania, both acute and chronic:
Monomania, or partial mania; and for
Dementia, or craziness.

NERVOUS GROUP.

The action of Belladonna upon the ganglionic system is marked by the most extraordinary phenomena. We may consider it under the different heads of

Neuralgia.
Rheumatism.
Spasms and *Convulsions,* and
Paralysis.

a. Neuralgia.

Many of the symptoms obtained by the provers of Belladonna point to its power of causing neuralgia of various nervous centres or ramifications. In neuralgia of the nerves of the face, Belladonna has proved an eminently useful agent. We find the action of Belladonna upon the nerves of the face characterized by a variety of sensations and abnormal appearances such as may occur in neuralgia. We have *swelling* and *inflammation* of one side of, or of the whole face; *burning, creeping, cutting, tearing, drawing, lancinating* and *stinging* pains in the face; these pains may be accompanied by irritation and inflammation of the eyeballs, headache, etc.

Even in the hands of Old-School physicians Belladonna has proved of infinite value in the treatment of neuralgia. We will relate a few cases of cure which we find related in Frank's Magazine, and which we have every right to claim for our law: "Similia similibus curantur."

A gardener, twenty-seven years old, of robust constitution and sanguine temperament, who was bled several times a year for violent headache, was attacked with exceedingly violent pains in the right frontal region, involving at the same time the right eye. This happened on a cold December morning, after he had been working for a long time in the open air. The pains came on at five o'clock in the morning, and continued till nine or ten o'clock in the evening. The paroxysms commenced with a prickling sensation, followed by lancinating pains, redness of the eye-ball, with lachrymation and excessive sensitiveness to the light; the pupils were exceedingly contracted, and the distress was truly agonizing. The pulse and other bodily functions were perfectly natural. After the violence of the pains had subsided, a feeling of dulness and stupefaction remained. The temples and the parts adjoining the base of the orbit were fomented with a solution of one drachm of the extract of Belladonna in an ounce of distilled water; on the third day all his sufferings were ended. For three months subsequently, when the case was reported, he had been perfectly free from pain. In this case, if the medicine had been given internally as well as externally, of course in appropriate doses, the cure would most probably have been achieved in a still shorter period.

A lady was suffering with intense, lancinating pains in the right eye, which materially interfered with the sight. There were no signs of inflammation. The extract of Belladonna was used in the same way as in the foregoing case, and on the following morning the pain had completely ceased.

Lisfranc is of the opinion that Belladonna has a specific action on the fifth pair of nerves; he infers this from Magendie's numerous experiments with this substance upon animals.

In a case of *neuralgia* of the infra-orbital nerve, where a number of remedies had been used in vain, the affection was promptly and permanently cured by rubbing the extract of Belladonna under the eye. The attack had originally been induced by a contusion.

In Baldinger's Magazine the following beautiful cure of rheumatic prosopalgia is reported, which we find quoted in Frank's Magazine. A plethoric girl of twenty-four years was attacked one evening, without any apparent cause, with spasms of various kinds, convulsions, tetanus, opisthotonos, emphrosthotonos, trismus. Bleeding relieved her at the time. A relapse took place six weeks afterwards, after which she had a paroxysm every few weeks for a whole year. In the month of August she was attacked with rheumatic prosopalgia, after which the spasms ceased. The pain was seated in the right zygomatic process near the temporal bone, became more intense from day to day, and became more violent from five o'clock

in the afternoon until midnight. She took seven grains of the powdered leaves of Belladonna in the evening before bedtime. This dose caused a *burning in the throat*, some *nausea* and *slight stupefaction*. Three doses sufficed to perfect a cure. Between the doses of Belladonna the patient took a dose of Rhubarb to act on the bowels.

A smaller dose of Belladonna would have been amply sufficient to effect a cure; the rhubarb was given for the purpose of counteracting any possible excess of Belladonna-action. A smaller dose of this agent would have rendered the rhubarb unnecessary. How long will it be before allœopathic physicians become aware of the fact that a curative end can be reached without first poisoning the patient and afterwards counteracting the poison by an antidote. The curative or dynamic effects of a drug can be reached without poisonous effects being developed at the same time. Homœopathy teaches the method of accomplishing this end.

Another interesting case of neuralgia was relieved by means of an injection of Belladonna. The patient was a lady of sixty-six years. She was attacked every two, three or four weeks, without any apparent cause, with violent tensive-tearing pains in the ileo-cœcal region, during which the abdomen was distended but soft, pulse normal, the emission of urine scanty; at the same time she experienced a sensation of icy-coldness in the back, and a feeling of numbness and lameness in the right thigh. She belched up wind, sometimes had a passage immediately previous to the attack; one or two days after the attack, she passed dry little lumps of burnt fæces. Itching of the anus and pudendum supervened afterwards, with heat and burning at the anus and in the urethra; the pain in the ileo-cœcal region sometimes extended to the stomach. The paroxysms set in with a creeping sensation in the ileo-cœcal region, and very soon the pain increased to a very high degree of intensity. Hard pressure upon the affected region caused great pain. An injection of forty-four grains of the powdered leaves of Belladonna in four ounces of water gradually caused an entire subsidence of the pain. For six months she remained free from all pain, and gained in flesh and strength. A slight paroxysm occurred during winter, and another during fall and spring, which were readily controlled by the application of warm clothes.

We will add that this dose caused the following medicinal symptoms: feeling of *warmth* and *well-being* in the bowels, sensation of *warmth* ascending from the stomach to the throat and head; *bitter taste* in the mouth; feeling of *heat* and *fulness* in the head especially above the eyebrows; *dilatation of the pupils;* feeling of *dryness* in the fauces; *redness* and *bloating* of the face; *measle-shaped* spots in the face and on the neck; *dark redness* of the whole of the buccal cavity; pulse 115, 120, *full and hard;* vision of *fiery men;* afterwards *cloudiness, drowsiness* and *difficulty of swallowing.*

A much smaller dose might have cured this neuralgia without superinducing any medicinal symptoms.

In similar cases of neuralgia Colocynth may prove a specific remedy. We refer the reader to this drug.

Rheumatism.

The rheumatic pains which Belladonna is capable of exciting are of various kinds, such as:

Painful swelling and stiffness in the nape of the neck;

Lameness of the upper limbs, or lameness and pressure of the arms, with weakness;

Creeping along the extremities, as from a fly crawling over them, also with innumerable stitches;

Cutting pains along the bones in the extremities, also with tingling;

Pain in the long bones as if bruised, and as if they would crumble like decaying wood; the pain is a fine stinging and gnawing pain in the long bones, and sometimes accompanied by violent tearing in the joints;

Drawing, cutting, tearing and lancing pains, either in the joints or along the long bones or phalangeal bones.

In a case of poisoning, related in Frank's Magazine, the patient complained of *pain in all his joints*, and of a painful sensation of chilliness in the parts down to the ends of the toes and fingers.

This last-mentioned symptom shows that Belladonna may be a specific remedy in certain forms of

Articular Rheumatism, especially when accompanied with chilly creepings in the limbs and symptoms of incipient paralysis.

Belladonna being in marked and specific rapport with the brain, it may be specifically indicated in articular rheumatism with supervention of typhoid symptoms. In these forms of rheumatic inflammation, we must never expect to find the pulse full, hard and bounding as it is in cases where Aconite is indicated. The pulse is accelerated and somewhat fuller and larger than in the normal condition, but not hard or resisting.

In a case of *Neuralgic Rheumatism* of the right upper extremity, with lancinating pain from the top of the shoulder to the wrist when attempting to make the least motion; intensely distressing, crawling sensation in the humerus, and sensation as if the bone would crumble to atoms: a drop of the tincture of Belladonna in a tumblerful of water effected a prompt and radical cure.

Spasms and Convulsions.

The spasms which Belladonna is capable of exciting, are various.

In one case of poisoning, the patient sat in his bed, expressing great anxiety and restlessness, and *turning his head continually to and fro;*

In other cases *the muscles of one side of the face* were *convulsively agitated;*

In one case it is stated that the patient indulged in the strongest gesticulations, and *performed the movements of the body with the greatest agility.* This effect of Belladonna shows that it may be a remedy for

Chorea.—Another boy swallowed some of the berries of Belladonna which caused him to perform the strangest, convulsive motions as though he were affected with chorea.

In another case, the power of Belladonna to excite *chorea*, was strikingly evidenced. A boy of four years, who had eaten several berries of Belladonna, was seized soon after with *sardonic laughter*. After a while the child commenced to turn about in a circle, and, after several gyrations, would undoubtedly have fallen unless supported by others. He was seized with *spasms;* fever supervened; the extensor, flexor and pronator muscles of the upper and lower extremities, and, indeed, the muscles of the whole body were by turns, agitated without interruption by spasmodic contractions causing frightful contortions. The convulsions of the obicularis oris, of the muscles of the eye and face caused horrid grimaces. The pulse was small, contracted, hurried, intermittent and jerking.

In *chorea*, where Belladonna is indicated, we may find symptoms of cerebral congestion, or of cerebral disease, impaired mental power even amounting to imbecility.

An excessive *uneasiness* in the extremities may likewise induce chorea-like movements of the parts. In one case, this uneasiness in the arms and legs, especially in the hands and feet, and also in the head, obliged the patient to move these parts continually, and even to shake the head convulsively to and fro.

A very interesting case of *chorea minor*, or *muscular uneasiness*, *Inquietudo muscularis*, is reported in the Vierteljahrsschrift, (Homœop. Quarterly Journal,) where Belladonna effected a speedy and permanent cure. A girl of nineteen years had been laboring for some time under severe mental affliction in consequence of which she was attacked with spasmodic twitchings of a number of muscular bundles, except the muscles of the face. Pressure upon the abdomen induced opisthotonos. No convulsions during sleep. Fauces very much inflamed, and covered here and there with a layer of mucus. Pulse accelerated, full; skin inclined to perspire. The patient had been put on the use of Ignatia—a most uncalled-for prescription, and determined by that single symptom, spasm, without any reference whatever to the character of the pathological process. Of course, this drug proved of no use whatever; Belladonna 6, effected a perfect cure in a few days.

The convulsions which Belladonna excites, may be of various kinds, and may suggest the use of this agent in

Irregular Convulsive Paroxysms,
Tetanic convulsions,
Epileptic convulsions,
Hysteric convulsions,
Puerperal convulsions,
Dental convulsions.

The belladonna convulsions are generally accompanied by peculiar distinguishing phenomena, as may be seen from the following series:

Convulsions which made the patient run up the wall;
Convulsions which are renewed by the least contact, with hiccough, weariness and anxiety;
Convulsions, with screams and loss of consciousness;
Convulsions, with delirium and laughter;
Convulsions, with rolling of the eyeballs;
Convulsions, with startings of the hands and feet, with insensibility and rattling breathing;
Convulsions alternating with complete immobility;
Tetanic spasms, opisthotonos, spasmodic inclination of the head and body to the left side;
Hysteric convulsions, with risus sardonicus, heat of the head, sudden changes of color in the face;
Convulsions of the abdominal muscles in hysteria;
Paroxysms of rigidity and immobility of all the limbs or of a single limb only, sometimes accompanied with insensibility, distention of the cutaneous veins, red and puffed face, full and quick pulse, and profuse sweat;
Epileptic spasms;
Convulsions from teething, with grating of the teeth;

In *Puerperal Convulsions*, Belladonna may prove eminently useful if the existence of cerebral congestions, bloating and redness of the face, protrusion and suffusion of the eye-balls; dilatation and insensibility of the pupils, sometimes alternating with extreme contraction, coldness of the hands and feet, and a small, jerking hurried and perhaps intermitting pulse, justify the use of the drug.

Belladonna has always been considerad a sort of specific for *Hydrophobia*. We know that no known drug has the power of simulating hydrophobia to the same extent as Belladonna. In a case reported in the "Oestreichischen Jahrbüchern" (Austrian Annals of Medicine), two little boys who had been poisoned with the berries of Belladonna, exhibited, among other symptoms, a remarkable *aversion to liquids;* as soon as a spoon or a glass containing a liquid was put to their lips, the boys *cried out* vehemently, *clenched their teeth* spasmodically, and the liquid had to be forced down their throats, after which they were *seized with spasms.*

Belladonna is said to have cured many cases of genuine hydrophobia. In other cases it is said to have prevented an outbreak of this frightful disease. Murray, in his "*Apparatus medicaminum,*" reports a number of successful trials which were made with Belladonna in this disease. Other successful cases of hydrophobia are reported by Hufeland. Trousseau and Pidoux deny that hydrophobia was ever cured by Belladonna, and they are disposed to reject the evidence of Munch and his sons, quoted by Murray. Bayle, on the contrary, in his "Bibliothèque de Thérapeutique," reasons in this wise concerning Munch's cases: Belladonna was given to one hundred and eighty-two patients, all of whom had been bitten by mad dogs. One hundred and seventy-six of this number had been bitten recently, and showed no symptoms of hydrophobia;

in the remaining six the diseases had fairly broken out; one of these was attacked with aversion to water, convulsions and other cerebral symptoms. Here are the results of the treatment: The one hundred and seventy-six, recently bitten, were preserved (Munch and his sons); of the six attacked with the disease, four were cured, and two died (Munch, Bucholz, Neimecke). We may of course entertain doubts concerning the correctness of all these trials; we may object that the madness of the dogs was not proven; but, unless we take it for granted that Munch was an imposter, I should say that one must be woefully given to scepticism in order to reject all the results stated by this author. Why, then, it may be asked, has not this mode of treatment been adopted? For a very simple reason; it is this: Of the physicians who were called upon to treat the patients that had been bitten by mad dogs, not one has instituted consistent experiments with Belladonna, either because he was ignorant of Munch's labors, or because he was carried away by the spirit of system, and rejected beforehand every thing that might seem contrary to his preconceived theory."

We may here add that Munch was a Protestant minister of good standing in his own country; his sons were respectable physicians, and the names of Bucholz and Neimecke enjoy an enviable distinction in the literature of Medicine.

A remarkable case of hydrophobia is related in Hufeland's Journal, which we find quoted in that most useful and instructive publication, Frank's *Physiological Magazine.*

A man attacked with hydrophobia, bit several individuals, some of whom died with the disease. Two of these patients were treated with Belladonna, and both of them recovered.

A robust woman, of not very sensitive disposition, had just lost a child, eleven years old, with hydrophobia. The disease broke out one hundred and six days after the child had been bitten. Another child, a boy of five years, was bitten by the same dog, and was attacked forty-one days after the bite. When her daughter died, the woman conceived the thought that she too would be attacked with hydrophobia, for she had been bitten by an apparently rabid dog prior to her daughter. The paroxysm broke out two days after her daughter's death, which took place on the 13th of December. On the 15th of December, at three o'clock in the morning, after a restless night, the mother was attacked with tightness and anxiety on the chest, a feeling of fright, sudden starting from sleep, shrill screams, dryness in the throat, tight feeling in the head, especially in the forehead, disposition to vomit, etc. These phenomena increased in intensity. At six o'clock the patient attempted to go to church, but had to return home again on account of sickness at the stomach. Dr. Sauter saw her first at seven o'clock. The face was somewhat reddish, her expression frightful, intense, wild; eyes suffused, keen, restless; pupils contracted; tongue dry and clean, neck bloated. All the muscles of the body were constantly twitching, the breathing hurried and suffocating, the chest heaved violently, the abdomen had the natural size. She pulled everything that she could lay hold of,

towards her; was still rational, but attempted to escape. She frequently jumped out of her bed suddenly, her voice was hoarse and she found it difficult to articulate; pulse, small, rather hard and contracted. The spot on the hand where she had been bitten, and where only a small, elongated cicatrix had been observed, was bluish, somewhat swollen and painful. A few days previous she had said that, ever since she was bitten, she had experienced a peculiar prickling, stinging sensation in the part, which sometimes looked blue and at other times red, and for some time back had been without any feeling. Her arm felt as if torpid: she complained of dizziness, great dryness in the throat without actual thirst; she was still able to drink water, but with difficulty. At eight o'clock the patient was given eight grains of the powdered leaves of Belladonna at one dose. Half an hour after, the dryness in the throat became more violent and afterwards increased every fifteen minutes. Towards noon the bitten hand looked *bluish-red*, and was *painful*. In the whole arm she experienced a feeling of constriction and violent stitches which seemed to dart from the wound. The face became bloated, purple, and the skin of the face looked thick as if an eruption would break out. *The skin* of the whole body *itched*, and about noon *red spots* made their appearance. The pupils which had been contracted heretofore, dilated from hour to hour, until the patient saw all objects *indistinctly* and *multiplied*. The dryness of the throat increased, however she was able to swallow a quantity of water in order to quench her thirst. The pulse became fuller, larger, and towards evening, violently throbbing. She passed a good deal of urine. Her restlessness was very great, her gestures looked wild and frightful. Every muscle seemed to be in continual motion, partly *voluntary contortions* and partly *involuntary spasms*. Every instant the patient attempted to jump out of bed, tore the bed-clothes, attempted to bite, spit, and grasped violently at every thing near her, then started back in great fear, uttered unintelligible sounds, was delirious, though she seemed to recognize some persons and objects. In the meanwhile the bitten hand became blood red and burning. At four in the afternoon, a copious perspiration broke out over the whole body which continued until midnight. During this time the constriction and anxiety on the chest gradually decreased. After midnight, the redness of the face and hand became less, the head was less embarrassed, and the patient fell into a sound sleep. Next day she was tolerably quiet, the bitten hand was no longer red, only swollen; this swelling disappeared towards evening. After one o'clock in the night, another paroxysm of rage broke out. Ten grains of the root of Belladonna were now given; the same phenomena that were observed after the first dose manifested themselves, except with more intensity. On the 19th of December, a third paroxysm set in which was much less violent than either of the two former; she took twelve grains of Belladonna, and the paroxysm terminated like the preceding ones, in general perspiration. This completed the cure.

Another woman who had been bitten about a month after the

former patient, showed similar or rather identical symptoms, but rather less intense. She was treated with Belladonna, with the same happy results.

We regard this as a case of genuine hydrophobia. The period of incubation might have lasted a little longer than it did, but for the shock which the poor mother received on beholding the frightful agony of her child. The case was treated with Belladonna, in accordance with the law, "*Similia similibus curantur.*" In Frank's Magazine, the object of which is not to spread Homœopathy, but to record the facts of practical Medicine and Physiology generally, this case is emphatically claimed for Homœopathy.

Though the specific remedy was administered in very large doses, yet the treatment was eminently homœopathic. In the year 1801, when these cases occurred, the theory of small doses was still undeveloped, and the doctrine was still current that a cure can only be affected by creating an artificial disease that should overpower the natural malady by its greater intensity. Hence the large dose; hence the numerous symptoms of poisoning with which the natural disease became unnecessarily mixed up. We know perfectly at the present period that the pathological process is not the disease, but the effect of a morbific force acting upon, and pervading certain tissues. We likewise know that the medicine may hush up this pathological process without first creating a similar, but more intense derangement. We know that a cure may be affected by simply neutralizing, through the universally-operating law of attractive affinity, the immaterial, dynamic force, and that this process of neutralization is specifically accomplished by bringing the molecules of an agent constituting the substratum or material type of the morbific force, to bear upon this force in such numbers and in such a state of preparation as shall secure full play for the gradual union or amalgamation of the dynamico-immaterial forces of disease with the material, or as the case may be, semi-spiritualized molecules of the drug. The determination of the quantitative and qualitative conditions of the remedial agent, in which this neutralizing play of affinities will operate *surely and safely*, is the province of art; where ever it does operate rightly, so-called medicinal aggravations either remain unperceived or else they are so slight that they cannot be deemed of much importance.

The following case is reported in Rust's Magazine. Four weeks ago, a woman had been bitten by a mad dog. The wound not bleeding, and the epidermis being only a little scratched, no attention was paid to this accident. After the lapse of four weeks, the woman suddenly lost her appetite, she became restless, spent a sleepless night, absorbed in anxious reveries, felt still more anxious and restless during the next day, and was moreover attacked with vertigo and constriction of the fauces. After these dangerous symptoms had developed themselves, she received five grains of the powdered leaves of Belladonna at a dose. After taking two grains, the symptoms had entirely disappeared. A few more doses were given, and the patient remained well. The profuse perspiration and the swelling of the in-

jured part, which generally follow the use of Belladonna, were not observed in this case.

In Teste's New System of Materia Medica, we find the following letter from a Russian Counsellor of State, Alexander Stcherbinine, furnishing strong presumptive evidence of the prophylactic virtues of Belladonna. Munch's cases, previously alluded to, where the paroxysms were prevented in one hundred and seventy-six cases, will be remembered on this occasion.

"At your request," (the letter is addressed to Dr. Teste,) "I send you the following detailed account of a case which shows conclusively, as it seems to me, the prophylactic virtues of Belladonna in hydrophobia.

"I spent the summer of 1850 at Oranienbaum, a country-seat which is situated about ten miles from St. Petersburg. On a fine morning, I took a walk with my wife in the pine-grove adjoining the village of Oranienbaum. We were accompanied by our dog, a female of the King-Charles breed. Leaving the foot-path, she met a sickly-looking dog coming from the village, and running in a straight line, with his head and tail hanging down. She was bitten by this dog, who continued on his course without the least change in his features. I conceived the most serious apprehensions, for the dog seemed to exhibit all the signs of incipient hydrophobia. A few minutes after, having returned home, I gave our dog a drop of the third attenuation of Belladonna. Six weeks after, the dog who was lying quietly at the feet of my wife, rose precipitately, and ran about the room; soon after she stumbled on flower-pots, and swallowed a few flowers, especially reseda. We tried to catch her; but she escaped into the garden, and ran about in every direction, tearing out and eating grass. This paroxysm lasted about five minutes, after which she returned to the room and remained quiet. This happened towards the end of August. At the commencement of October, after our return to the city, the same paroxysm took place in closed rooms. The dog ran through all of them, panting as during the first paroxysm; she again threw herself on the flower-pots, and swallowed all the reseda she could lay hold of. In vain we tried to catch her; she would jump on chairs and window-sills. In four or five minutes she became quiet, and has remained well ever since.

"It seems to me that these two paroxysms each of which took place in the morning at the very hour when the dog had been bitten, were symptoms of incipient hydrophobia, the breaking out of which was prevented by the reactive power of the medicine. It behooves professional men to test the prophylactic virtues of Belladonna in hydrophobia, and set this hypothesis at rest."

In *Epileptic* Convulsions, Belladonna has proved useful, especially in those forms of epilepsy which Schœnlein designates as peripheral, testicular and hysteric epilepsy; also in the so-called idiopathic or cerebral, where the preliminary and the convulsive stages coincide, and where the aura, the globus or spark remains unperceived by the patient.

In the *Peripheral* form, the attack is apt to commence with a crawling sensation under the skin; this symptom is particularly characteristic of Belladonna.

In *Epilepsia testicularis*, where the preliminary irritation is first perceived in the testicles, with violent sexual excitement, involuntary emission of semen, and in

Epilepsia hysterica, where the irritation seems to proceed from the womb, and is perceived like a ball ascending towards the brain, more particularly in the case of plethoric women. Belladonna may prove one of the useful remedies to be employed. It has afforded relief in various cases of

Idiopathic epilepsy, complicated with symptoms of mental derangement, imbecility or idiocy. Belladonna has been used in very small and also in comparatively large doses, of half a grain of the leaves and even ten and more grains each, with equally good effect. We prefer from the second to the sixth potency in this disease.

Paralysis.

We know from numerous cases of poisoning that Balladonna may cause paralysis of the lower extremities. The paralysis may be complicated with excessive trembling of the limb; or the patient may complain of a feeling of chilliness in the limb, with sharp pains in the affected part; or the limb may feel numb, cold and the pulse may be weak, empty, hurried and intermitting.

In a case quoted by Frank, in his Magazine, a boy who had eaten five berries of Belladonna in the evening, found himself on the following morning, with his lower extremities paralyzed.

In another case of poisoning, where an enema of Belladonna had been administered, the extremities, upper and lower, were in a constant state of trembling and otherwise utterly paralyzed; if the arms were attempted to be raised, they would drop down again immediately. The skin of the neck and extremities seemed to have lost its sensibility. Pulse irritated and accelerated. Symptoms of cerebral congestions, flushed and glowing face, staring and dilated pupils, suffused conjunctiva.

We have clinical Old-School experience showing that large doses of Belladonna may cause apoplexy and that afterwards paralysis may ensue. In a case of gastric typhus two injections of the root of Belladonna were administered of fifteen grains each, in consequence of which the patient became apoplectic, saffron-colored, and in a few days died of paralysis.

We may therefore find Belladonna indicated in

Paralysis after Apoplexy, either of one side or both sides of the body, or

Partial Paralysis of one extremity or of one side of the face, or of the organs of speech. The pulse which indicates Belladonna in this disease may be slow and full, but not hard or bounding; generally it will be found small, hurried, weak or perhaps somewhat jerking and inclining to intermit. The paralysis may be complicated with symptoms of cerebral derangement, vertigo as if the patient were

turning in a circle, appearance of fright and imbecility, paralysis or paralytic weakness of the sphincters, with involuntary discharge of urine and fæces, dilatation or alternate dilatation and contraction of the pupils.

Rheumatic Paralysis of the Tongue yields to Belladonna, if the symptoms indicate this drug. A lady of thirty-four years had just recovered from typhus when she took cold, and became paralyzed. The paralysis yielded to treatment, except the loss of speech which continued in spite of all treatment. She took a single dose of five grains of the powdered root of Belladonna, and next morning had recovered her speech perfectly.

A much smaller dose would have been sufficient. Belladonna was most probably the remedy for the typhus that this young lady had been attacked with.

We have several times adverted to the power possessed by Belladonna of curing

Paralysis of the Sphincters of the Bladder and Anus, with involuntary and unperceived discharge of urine and fæces. These paralytic conditions may be caused by rheumatic exposure, and may also be entailed upon a patient as the consequence of some mismanaged acute disease, such as typhus.

Paralysis of the Optic and Auditory Nerves from similar causes may likewise yield to Belladonna, provided the affection is curable.

LECTURE XXIII.

INFLAMMATORY GROUP.

ACONITE produces inflammation by depressing the functional power of the capillary ramifications of the ganglionic nerves, leaving the brain undisturbed except in so far as it suffers from the effects of the functional derangement of any portion of the nervous system. Belladonna causes inflammation by first depressing the brain, after which the functional power of the ganglionic system becomes similarly but secondarily affected. Belladonna acts precisely in a reverse order. It affects the brain *primarily* and the ganglionic system *incidentally*, whereas Aconite affects primarily the ganglionic system and incidentally the brain. The first effect of Belladonna upon the brain is to depress or unhinge its functional power and incidentally the functional power of the ganglionic system; the stage of organic reaction is characterized, as in the case of Aconite, by capillary engorgements, a full, rapid and bounding pulse, glowing redness of the face, protrusion and suffusion of the eyes, heat of the skin, etc. But in the case of Belladonna, the

antagonism seems to be between the capillaries and the central point of the nervous system, the brain; whereas, in the case of Aconite, the antagonism is between the capillaries and the terminal ramifications of the ganglionic system. Hence, in the case of Belladonna, the antagonism is marked by more obstinate, more deep-seated and more dangerous symptoms than in the case of Aconite. If, in a case of inflammation, the capillaries, under the stimulating effects of Aconite, persist in remaining engorged; if the redness, swelling and heat continue; if the cutaneous exhalations show no signs of return; if the brain continues to feel dull, weary, torpid, we may rest assured that the primary seat of the inflammatory process is not in the ganglionic system, but in the brain itself. We do not know of a single affection that, under ordinary circumstances, requires Aconite, for which Belladonna might not likewise be indicated, if the origin of the disorder is traceable to an invasion of the functional powers of the brain itself, instead of depending upon a simple depression or, to use Bichat's language, *irritation*, of the ganglionic system. All the congestions, inflammations, nervous and cutaneous disorders, to which Aconite is specifically adapted, may require Belladonna, whenever the starting-point of the affection, or the primary perception thereof by the sentinent organism, has to be sought in the immediate province of the brain itself. We have known whole families where the cerebral fibre was so much more sensitive, even to the commonest catarrhal irritations than the ganglionic fibre, that the least catarrhal affection, the slightest fever, which under similar circumstances and in ordinarily normal conditions of the system, would have yielded to a single dose of Aconite, at once assumed the form of an obstinate, intense and deeply-searching disease, starting from a primary depression or irritation of the cerebral fibre, and requiring Belladonna as its specific remedy from the commencement.

Cases may occur where the primary depression of the ganglionic system may gradually communicate itself to the brain, and where it may become necessary to wind up the treatment with Belladonna, although it seemed necessary to commence with Aconite. It may even become necessary, on account of this simultaneousness of cerebral and ganglionic irritation, each of which may, to some extent, be looked upon as an independent or at least co-relative affection, helping to support and develop the other, to institute an alternate use of Aconite and Belladonna in appropriate doses and at suitable intervals.

We would call attention to the wise provision of Nature that affections, where Belladonna is required, occur much less frequently than similar affections that require Aconite. The brain, in its capacity of supreme preserver and regulator of all the organic functions, is guarded from injury by an inherent superiority of resisting power without which the life of the organism would be in constant jeopardy.

We might perhaps content ourselves with this general explanation of the physiologico-therapeutic range of Belladonna, referring the reader for a detailed account of the special congestive and inflammatory conditions where Belladonna may be required, to the chapter

on Aconite. But the subject is too important to be dismissed after this general introduction, and we shall therefore indicate more in detail some of the leading congestions and inflammations, where the great powers of Belladonna have to be appealed to as restorers of the prostrated functions.

The inflammatory action of Belladonna may develop different forms of inflammation, phlegmonous, erysipelatous, rheumatic, gangrenous, etc.

a. Phlegmonous Inflammation.

Some of the most important organs are liable to attacks of acute inflammation. Inflammation of the brain (phrenitis, meningitis, encephalitis) has already been considered under the head of "*Cephalic Group.*" We will here add that Belladonna may be in therapeutic rapport with inflammation of any part of the brain. It may be homœopathic to

Meningitis, or *Inflammation of the Dura Mater,* setting in with a chill and afterwards characterized by burning fever, sopor, excessive dizziness, heat of the head, dry and brown-looking tongue, costiveness, and retention of urine, dark urine and contraction of the pupils with sensitiveness to the light; or to

Arachnoiditis, or *Inflammation of the Arachnoid Membrane,* so termed from the Greek name "*arachne,*" spider—cobweb—membrane. Here the pains are more deep-seated, extending over the whole head, of a tearing and lancinating kind, aggravated by moving the head, accompanied by violent congestions with throbbing of the carotids and temporal arteries, heat and flushed appearance of the head. This inflammation is attended with bland, muttering delirium. The pulse is hurried and excited, but not hard and bounding, rather soft. Among the gastric symptoms we distinguish white or yellowish coating of the tongue, retention of stool, but no characteristic changes in the urine.

Encephalitis, Phrenitis, to which we have alluded when speaking of the Cephalic Group. We may here mention

Encephalitis caused by *exposure to the sun's rays, Insolation, Sunstroke.* The patients are seized with violent dizziness, so that they fall down unless supported. In violent cases they are suddenly deprived of consciousness and fall down as if struck by apoplexy. Other symptoms are: violent stupefying pain in the head, nausea and even vomiting, white-coated and dry tongue, loss of sight and hearing, stupor and even coma. Pulse accelerated, not hard. Diminished secretion of fæces and urine.

Mania-a-potu constituting a peculiar phase of *Encephalitis potatorum* or *Delirium tremens,* has been referred to among the affections of the Cephalic Group. In a case of delirium tremens quoted in Hirschel's Archives, a little Belladonna ointment was rubbed under the eye in order to produce dilatation of the pupils which were exceedingly contracted. The dilatation was accomplished, and with it disappeared the annoying phantasms by which the patient was continually haunted.

Encephalitis induced by concussion of the brain, or functional derangement of the brain characterized by sopor, muttering or raving delirium of the kind which Belladonna occasions, may be required to be treated with this agent.

In *Myelitis*, especially in some forms of this disease,, it will be impossible to do without Belladonna. In the acute form, arising suddenly in consequence of exposure to a draught of air, sudden suppression of the perspiration, Aconite may prove our main remedy; but in the chronic form, whether grafted upon a scrofulous diathesis or caused by the retrocession of the itch; and more particularly if the bones begin to decay by ulceration or caries, symptoms of marasmus become apparent, and the brain is becoming exhausted in its endeavors to maintain the integrity of the vital functions, its own energies being bound to some extent by the miasm that is undermining the general structure of the organism; Belladonna is indispensable. How far it may be justifiable to use this agent externally as well as internally, will have to be determined by the character of each particular case.

If there be any truth in our law of cure, Belladonna must prove an agent of great curative value in

Carditis, when the patient complains of a feeling of agonizing distress in the region of the left ventricle, as from a red-hot coal; the heart thumps violently against the walls of the thorax. The pulse is small, contracted, jerking, inclining to intermit. Extremities cold, face burning and red; pupils staring and dilated; extremities trembling and almost paralyzed; respiration panting.

Post-mortem examinations have shown that Belladonna causes inflammation of the heart. The symptoms existing during the lifetime of the patient, confirm this result.

In *Pneumonia*, Belladonna may become an indispensable agent, if the brain seems to be exhausted by its efforts to supply resisting power to the lungs. The patient becomes drowsy, the tongue looks dry and brown, the lips become parched, the skin feels husky and hot, the pulse becomes small, frequent, compressible and even intermitting. These symptoms show that the so-called nervous stage, where the inflammatory symptoms are over-shadowed by the symptoms of cerebral prostration, is imminent and should be warded off by the timely aid which Belladonna is so well calculated, under these circumstances, to render to the brain.

Belladonna seems to possess a specific adaption to the sexual system of the female. In

Metritis, we shall find this agent invaluable, more particularly if the inflammation develop itself after confinement or during pregnancy. In rheumatic metritis, Aconite may have to be given in alternation with Belladonna. We here allude more particularly to that form of the disease where Belladonna becomes the main remedy. This form of metritis may set in in consequence of menstrual suppression. The patients complain of burning pains high up in the

vagina, and if the peritoneal covering is involved, the hypogastric region is painful and somewhat distended. The patients are troubled with frequent urging to urinate, although they find it difficult to pass any urine. The tongue is first coated white, and nausea and vomiting may be present. The spirits are generally depressed, the brain soon shows symptoms of prostration, the patients feel drowsy, begin to wander, start and manifest other symptoms ef nervous disharmony. In a case of this kind, resulting from, or accompanied by menstrual suppression, with well marked predominance of nervous symptoms, excessive fetor from the uterus, and an exceedingly slight oozing of foul blackish and very fluid blood, a single drop of Belladonna in a tumblerful of water, restored the menstrual discharge and gradually effected a cure.

Congestion of the uterus, with violent pressing, bearing-down pains, sense of weight in the region of the uterus, discharge of white mucus from the vagina, may require Belladonna. In a case of acute congestion, resulting from sudden exposure, and setting in with a violent chill, followed by high fever, full bounding and rapid pulse, Aconite should be given first, and afterwards Belladonna and Aconite in alternation.

Peritonitis may require Belladonna. The patient experiences a burning-tearing crampy pain at a certain spot, most frequently near the naval, whence it speedily flashes over the whole abdomen. The abdomen is distended, very painful to the touch, pulse full, hard and tense, from 100 to 110 beats in the minute; tongue coated white, urine hot and excoriating, bowels costive, face flushed. These symptoms may undoubtedly indicate Aconite ; but, if the cerebral congestions are very marked, the face is flushed and glowing, the pupils show a disposition to contract, the patient becomes absorbed in reveries or is absent-minded, the tongue and lips look dry, or if a tendency to diarrhœa or involuntary escape of fæces develop itself, Belladonna should not be forgotten.

In *Puerperal Peritonitis,* Belladonna is indicated in various stages or forms of the disease. It is indicated in what Schœnlein describes as,

a. The *erethic form,* with lancinating-burning pains flashing from the umbilical region over the whole abdomen, distention of the abdomen and excessive sensitiveness to the least touch, creeping chills followed by heat and dryness of the skin, irritated and hurried pulse, reddish urine; morning-remission of the symptoms.

b. In the *inflammatory form,* with meteorism of the abdominal walls, and excessive sensitiveness to contact, turgescence of the sexual organs, violent chill followed by intense stinging heat and dryness of the skin, full hard and rapid pulse, burning urine, costiveness. In this form Aconite is indispensable.

c. In the *erysipelatous or gastric-bilious form,* where the distended abdomen is rather soft, and not uniformly painful. Symptoms of erysipelas frequently show themselves on the mammæ and lower extremities. Gastric symptoms, bitter taste, vomiting, bilious stools, thick and ammoniacal urine, irritated and hurried, but soft, full and

undulating pulse, from 130 to 140 beats. Here Bryonia and Pulsatilla may be necessary with Belladonna.

d. In the *typhoid form*, with tympanitic distention of the abdomen, stupor, muttering delirium, burning heat of the skin, excessive contraction or alternate contraction and dilatation of the pupils, flabbiness and shrivelled appearance of the mammæ and vulva, complete cessation of the secretion of milk and of the lochial discharge, except perhaps an oozing of foul blood in case the disease should be complicated with putrescence of the uterus, In this condition, Belladonna may pave the way for Hyoscyamus and Arsenic.

Puerperal peritonitis being not unfrequently allied to

Putrescence of the Womb, we will take this opportunity of directing the reader's attention to Belladonna as one of the remedies for this disease in conjunction with Arsenicum, and, as we shall afterwards see, Secale cornutum.

In inflammation of other abdominal viscera,

Enteritis, Pancreatitis, Inflammation of the Omentum, Belladonna may be indispensable, if the vital reaction of the brain seems very much *excited* or, at a later stage *depressed*. In the former case the face looks flushed, the arteries of the neck and temples throb with considerable vehemence; and the radial pulse partakes of the vascular erethism, its frequency is increased, it seems irritated, jerking, tense. In the latter case, the face looks pale, sunken, even hippocratic; the extremities are cold, the pulse small, hurried, contracted, and finally collapsing altogether.

In this disease we have to distinguish an inflammation of the serous, and an inflammation of the mucous coat of the intestines. In serous enteritis, the bowels are constipated; in the mucous form, brown mucous discharges mixed with fæcal matter, and shreds of intestinal mucous membrane take place. Belladonna may be required in either of these forms; this will depend upon the degree and character of the sympathy which the brain displays. If the accompanying fever has the synochal type, as evidenced by the full, bounding and rapid pulse, it seems needless to remark that Aconite should be given prior to Belladonna.

Both constipation and diarrhœic discharges may indicate Belladonna. Small doses of Belladonna possess the power of retarding the secretions. Of a concentrated solution of the extract, Professor Purkingé of Breslau took twenty drops on sugar. Half an hour afterwards he experienced a feeling of dryness in the mouth and fauces, when attempting to swallow. The external surface of the eyes felt uncomfortably dry, so did the nasal cavity, even the palms of the hands. The urine was more scanty and the bowels torpid.

On the other hand, we know from numerous cases of poisoning that large doses of Belladonna will speedily excite a frequent urging to stool, with burning, lancinating, pinching pains in the bowels, and that the discharges may even become diarrhœic, and take place quite frequently in consequence of the great relaxation of the sphincter. Let it be emphatically understood, however, that unless

the symptoms of cerebral engorgement and subsequent prostration justify the selection of Belladonna, we cannot expect any decided advantages from the use of this agent.

Belladonna has been found of eminent use in the treatment of *Colonitis*, inflammation of the colon. If the inflammation is acute, the pains violently-tearing along the tract of the colon, and the pulse is of the usual inflammatory type, full, bounding and accelerated, we invariably commence the treatment with Aconite. If, after the inflammatory symptoms have been subdued, the colon still remains swollen, hard and sore, and the bowels seem inclined to become torpid, whereas frequent but scanty discharges of what might have been regarded as intestinal mucous lining had existed previously: Belladonna is in its place, from 1st to 6th potency. In an attack of this kind the cerebral symptoms should not be overlooked in deciding for or against the use of Belladonna.

In simple *Œsophagitis*, not communicated by caries of the vertebræ, or by ulceration of the trachea, Belládonna may afford help, provided the characteristic synochal fever does not first point to Aconite. The stinging-burning pain which is present in the acute form, especially behind the bifurcation of the trachea, indicates this last named agent.

If the inflammation is of a very intense and malignant character, where gangrene and perforation of the œsophagus may be the result, and the spasmodic difficulty of swallowing causes agonizing distress when the least attempt at swallowing is made: Belladonna may be preferable to any other drug.

In *Traumatic* and *Chemical Œsophagitis*, Belladonna may likewise be required to relieve the spasmodic dysphagia which may result from the wound or the poisoning.

In *Chronic Œsophagitis*, where the pains are aching and the neck is stiff, Belladona is very useful.

Angina Faucium is readily cured by Belladonna if the symptoms of the disease correspond exactly with the peculiar action of Belladonna upon the throat.

On perusing the symptomatology of Belladonna, we shall find that the angina which this agent is capable of causing, is characterized by a variety of prominent and unmistakable phenomena, such as:

Intense *redness* of the throat;

Excessive *dryness* and *heat;*

Stinging, lancinating pains when swallowing;

Swelling of the internal parts, uvula, tonsils, back part of the tongue;

Sensation as if the fauces were *constricted*, and as if the passage of even a drop of liquid would be impossible;

Feelings of *excoriation* in the throat;

The tongue looks inflamed, and is lined with a thick, yellowish, brown coating, feels dry;

Discharge of a thick viscid. ropy phlegm from the mouth;

Hæmorrhage from the throat;
Foul taste in the mouth;
Swelling of the neck, with throbbing of the carotids;
These marked symptoms of inflammation are necessarily accompanied by symptoms of constitutional derangement, creeping chills followed by heat and dryness of the skin, irritated, hard, hurried pulse, dizziness and violent pain in the frontal region or temples, red urine, constipation. Belladonna may be given from the 1st to the 6th potency.

In the so-called *Putrid Sore Throat*, or Brétonneau's *Diphtheritic Inflammation of the Pharynx*, Belladonna proves specially efficient. This form of angina frequently rages as an epidemic disease, and often proves excedingly destructive to human life if improperly managed.

This inflammation is ushered in by a feeling of heat and dryness in the throat, after which the glands, submaxillary and parotid, begin to swell, and the motion of the neck, which is likewise slightly swollen, is difficult. The pharynx looks red and the tonsils are likewise inflamed and swollen. After a while the different parts of the throat, the velum, uvula, tonsils and pharynx are seen covered with small, whitish, or yellowish patches, looking like lard or curd. These patches, at first disconnected, gradually coalesce, covering the whole of the throat with an artificial membrane that sometimes stretches into the nasal cavity and downwards as far as the air-passages. The exuded pellicles being detached, a slight oozing of blood may take place, commingling with the saliva. The inflamed lining of the throat sometimes shines through the exudation where it is not very thick, giving the throat the appearance of being studded with small ulcers. The discharge of fetid sanious ichor from the mouth and nostrils, which occurs in this disease, is peculiarly characteristic of it.

In contrasting the pathognomonic signs of this disease with the physiological effects of Belladonna upon the throat, we shall find that the admirable curative powers of this agent in putrid sore throat are altogether due to the faculty it possesses of producing a similar pathological process.

Schneller, of the imperial Provers' Union of Vienna, instituted two experiments with the extract of Belladonna, for a period of several weeks, taking in all nine grains and three-quarters during the first, and about twenty grains during the second experiment.

Among the many interesting symptoms which this prover has recorded of the action of Belladonna, we note the following as bearing upon our case:

Pappy taste, with white coating of the tongue;
Dryness of the mouth and fauces, with excessive thirst, causing him to pant for liquids;
Redness and burning heat in the fauces;
Tongue cleaving to the palate;
Exudation of a white, tenacious, viscid mucus in the buccal cavity with frequent spitting;

Fetid odor from the mouth.

We know of no drug which reproduces the pathological process designated as *Putrid Sore Throat,* in all its essential features as perfectly as Belladonna. Hence its extraordinary power to change this process from a malignant and most destructive ulceration to a simple angina, and to effect a speedy and radical cure in most cases.

In *Diphtheria,* Belladonna is indispensable in the inflammatory stage, especially if a few doses of Aconite produce no favorable change. The redness is either equally diffused, or scattered in erysipelatous patches.

In *Angina Tonsillaris* or *Quinsy Sore Throat,* Belladonna is eminently indicated. In one of Greding's cases, Belladonna caused inflammation of the tonsils, terminating in suppuration after the lapse of four days. In some cases, where the tonsils look like lumps of raw flesh, with throbbing pains, and violent determination of blood to the head, chills and afterwards fever with full, hard, quick and bounding pulse, Aconite may be preferable to Belladonna. Use from 1st to 3d potency.

Adenitis, inflammation of glands, requires Belladonna. Glands become inflamed suddenly, in consequence of exposure to a draught, and other catarrhal or rheumatic causes. If they look red, and the patient complains of burning and throbbing pains in the glands, and exhibits symptoms of constitutional feverishness, be it erethism or synocha, Aconite is paramount. But if Aconite should prove insufficient to restore the irritability of the capillaries, and by their rhythmical contractions and expansions to remove the sanguineous engorgement, we then depend upon Belladonna for aid. If the capillary engorgement threatens to become habitual, owing to a deficiency of reactive power on the part of the brain, Belladonna becomes indispensable. This rule applies to all glandular bodies thus affected. Inflammatory swellings of the parotid, sub-maxillary, inguinal and other glands, may require Belladonna under such circumstances. Parotitis of years' standing has been cured by a few doses of Belladonna 6, or even higher.

Mastitis, inflammation of the mammæ, comes under this rule. An inflammation of this kind is very apt to happen during confinement. If purely inflammatory, with fever and synochal pulse, we may get along with Aconite exclusively. But if the breasts threaten to remain permanently hard, looking shining and rose-colored; or, if the inflammation assumes an erysipelatous character, we prefer Belladonna which it may sometimes be well to give in alternation with Aconite.

Mesenteric Ganglionitis may be mentioned in this connection. If the bowels are hard and distended; the glands are swollen and sensitive to pressure; the patient complains of cutting or pinching pain in the bowels; the bowels are either bound or foul-smelling,

mucus, dark-looking discharges take place, with an occasional admixture of fæcal matter; if the children look sickly, the muscles are flabby, the skin feels dry and feverish, Belladonna may prove very serviceable in the case.

It seems unnecessary to review in detail the different congestions which may require Belladonna. For practical purposes it will suffice to distinguish them into two forms, *acute and chronic.*

The acute congestions to which Belladonna is homœopathic, are generally distinguished by paroxysms recurring at certain intervals; we might designate them as paroxysmal exacerbations of the pains and other characteristic phenomena.

Of *Congestion of the Brain,* mention has already been made when describing the Cephalic Group.

Congestion of the Lungs, with paroxysms of dyspnœa, soreness and aching pains, heat in the chest, spasmodic cough, coldness of the extremities, jerking but not very full, accelerated pulse.

Congestion of the Air-passages, with sore and aching, burning feeling, tightness and oppression, weakness, temperature of the extremities and pulse as in the preceding paragraph.

Congestion of the Bowels, with aching pains, soreness, distention, dragging and heavy sensation in the bowels, stitches and heat, constipation or ineffectual straining.

Congestion of the Spleen and Liver characterized by feelings of soreness, heat, fullness and weight.

Congestion of the Uterus has been referred to on page 363.

Acute congestion of any organ, when resulting from catarrhal or rheumatic exposure, or from mechanical injuries, requires Aconite whenever the symptoms of synochal fever are characteristically present. In congestions requiring Belladonna, the fever-type is the erethic form; the pulse is accelerated and may be rather hard, but it is seldom bounding. If the congestions have become more or less chronic, the pulse may be soft, large, undulating, and quicker than in the normal condition, but it is not jerking or resisting. Acute congestions that have become chronic, or are said to have passed into the second, erethic or nervous stage, are very properly and very often successfully treated with Belladonna. In all such forms of congestion, however, it will be found indispensable to every now and then return to a few doses of Aconite.

b. Erysipelatous Inflammation.

The action of Belladonna upon the skin is so remarkable and distinguished by such characteristic phenomena that even Old-School physicians are obliged to admit the correctness of Hahnemann's observations in this respect. We shall be able to substantiate this assertion when we come to speak of scarlet-fever. For our present purpose it is sufficient to observe that Belladonna causes an inflammatory redness of the skin which renders it a most valuable agent in several dangerous affections which it would frequently be impossible to cure without it. One of them is

Phlegmonous Erysipelas of various parts, face, chest, bowels, etc. The skin is intensely red, thick, hot and painful; the parts are swollen, pulse large and rather accelerated, but soft, undulating. The patient feels drowsy, thirsty, tongue coated yellowish or white, with unpleasant taste in the mouth. The hands and feet, or only the feet may be cold,

The Belladonna-erysipelas is disposed to strike in, as it is termed, and to invade an inner tissue. Erysipelas of the face is apt to spread to the brain; erysipelas of the abdomen to invade the bowels. We also have erysipelatous inflammation of the mammæ, of the peritoneal membrane. The last-named inflammation has already been alluded to under the designation of peritonitis. In this disease, it may often be necessary to give a drop of the tincture in twelve tablespoonfuls of water, although in many cases the attenuations, from the first to the sixth, may be sufficient.

c. Rheumatic Inflammation.

In the *Nervous Group*, we have already alluded somewhat extensively to the power inherent in Belladonna, of curing rheumatism. It remains for us to record the fact that Belladonna will cure a peculiar form of rheumatism described in the books as

Rheumatismus vagus, or wandering rheumatism. According to Dierbach, Dr. Osborn, in Hæser's Repertory, recommends Belladonna for *wandering* rheumatic pains, which disappear as by magic under the influence of Belladonna, whereas *seated* rheumatic pains remained unaffected by it. It is in pains which follow the track of muscles that seem to be most astonishingly controlled by Belladonna.

This seems owing to the homœopathic relation existing between Belladonna and such wandering, vague, uncertain pains. Such pains are apt to trouble the patient for a few days, after the poisonous effects of large doses of Belladonna have been subdued.

d. Scrofulous Inflammation.

We refer the reader to "*Adenitis*," in the Inflammatory Group; to "*Scrofulous Ophthalmia*," in the Orbital Group, etc.

e. Gangrene.

Gangrene, where Belladonna is applicable, is a termination of an inflammatory process, and is, therefore, not strictly speaking curable. The inflammatory process which, unless arrested, would terminate in gangrene, may perhaps be cured. Inflammation of the œsophagus, bowels, uterus, peritoneum, etc., and even of muscular tissue, may terminate in gangrene. If gangrene threatens to supervene, the extremities become cold, the pulse becomes small, feeble, vibratory, compressible; the features collapse, the skin becomes covered with a clammy sweat. Gangrene of the inner organs is more particularly characterized by such symptoms. If gangrene supervene in a case of inflammation where Belladonna had been given, we cannot hope for much good from this drug; Arsenicum, Secale, etc., will have to be resorted to. If no Belladonna had been previously used, yet

seemed indicated by the original symptoms, it may prove an efficient means of arresting the gangrenous disorganization.

We may take this opportunity of indicating the use of Belladonna in

f. Cancerous Disorganizations.

In scirrhus of the breasts, Belladonna has manifested curative powers. We are not prepared to assert that it will effect the resolution of scirrhous indurations, if given in very high potencies. Nodous indurations that had resulted from stagnant milk or from contusions of the mammæ, have been removed by small doses of Belladonna and other agents. Among Old-School records, we find cures of genuine scirrhus effected with very large doses of Belladonna.

A woman of 63 years was afflicted with scirrhus of the breast, that was on the point of breaking. She received an infusion of Belladonna, of which she took two cupfuls a day, at the rate of two grains of the leaves to a cup. This treatment was continued for eight days. The lancinating pains, heat and swelling had much decreased. She now drank three cupfulls a day. This caused dryness of the month for which she took a solution of gum, mulberry syrup, etc.

Three weeks after this period, the gnawing pain in the breast had entirely disappeared, and the swelling seemed softer and flatter; the urine was hot and excoriating.

Three months after this, the tumor had gone down one-third, and had separated into a number of glandular bodies.

In six months, the tumor had dwindled down two-thirds, and nine months after the beginning of the treatment, it had almost entirely disappeared. The infusion was continued three months longer, three cupfuls every other day. At the termination of twelve months, every trace of the scirrhus was completely removed, and two years after the cure, the patient's health continued perfect.

We may add that, when the bowels were constipated, the patient loosened them by taking a little rhubarb.

In scirrhus in the neck of the womb, used both externally and internally, Belladonna has been of great use.

Other similar cases are on record. The power of Belladonna, to disperse glandular swellings of the mesentery, is admitted by Hufeland. Blackett testifies to its usefulness in scirrhous indurations of glands; Dr. Schüler cured a case of what seemed a scirrhous ulcer of the lip, with small doses of Belladonna. It is of importance to test the resolvent virtues of Belladonna in scirrhous disorganizations of glands, without even overlooking the brilliant results which Old-School physicians profess to have achieved in this direction, with very large doses.

FACIAL GROUP.

The action of Belladonna upon the face is in many respects symptomatic of other more deep-seated derangements, particularly of

cerebral congestion. But the face may also be affected specially, or idiopathically, as it were, although a close examination of these affections will invariably show that the condition of the brain is more or less, were it ever so slightly, affected by the condition of the face.

Belladonna causes *heat, redness* and *swelling* of the face, which is sometimes hard. It also causes a bluish and purple swelling emanating from one spot and gradually spreading over the whole face. Hence we may find Belladonna indicated in

Inflammation and Swelling of the Face, of a *catarrhal, erysipelatous,* and more or less malignant nature. Even if caused by exposure to intense cold or keen cutting winds, Belladonna may prove of benefit.

Belladonna likewise causes a burning redness of the tip of nose; hence in

Nasitis, or inflammation of the nose, this great agent may be of use, especially in the case of drunkards, scrofulous individuals, and persons having a delicate, sensitive and irritable skin. If the inflammation is attended with extreme sensitiveness of the smell and tingling in the tip of the nose, (effects of Belladonna,) this agent is so much the more specifically indicated.

Belladonna causes a smell as of rotten eggs; hence we may employ this agent as a remedy in

Morbid Alterations of the sense of smell, characterized by a foul or unpleasant ordor in the nose, and sometimes occurring as a symptom of hysteria.

ORBITAL GROUP.

The remarkable effects of Belladonna upon the eye may be considered under three different heads, *inflammation, amaurosis* and *phantasms.*

A. Inflammation.

In perusing the symptomatology of Belladonna, we shall find that it is in *homœopathic,* and hence in *specific therapeutic* rapport with every known form of ophthalmia. We find Belladonna indicated in

Conjunctivitis or inflammation of the conjunctiva, both of the bulb of the eye and of the lids. The conjunctiva is traversed by a network of engorged capillaries, causing an appearance of redness, with heat, secretion of mucus, stinging pain, sensation as if the eyes were full of sand, sensitiveness to the light.

All these symptoms have been produced by Belladonna when taken by persons in health.

Belladonna is also indicated in

Sclerotitis, with bright redness of the globe of the eye. The vessels of the sclerotic coat, advancing towards the cornea, cluster around the edges of this membrane passing it to the extent of about half a line, but no farther. The pain is severe, especially during night-

time, stinging, darting, tearing. The symptoms which usually characterize acute ophthalmia, are also present in this form, photophobia, lachrymation, and very frequently pains in the forehead and cheek. The inflammation may be confined to one eye; it is rheumatic in character.

Belladonna causes the tearing, darting and stinging pains, the burning and secretion of tears which are peculiar to this form of inflammation. In

Corneitis, inflammation of the cornea, Belladonna may be required. The symptomatic indications are similar to those mentioned in the two preceding forms of inflammation. Inflammation of the conjunctiva and cornea frequently occur together.

In ordinary cases of catarrhal and rheumatic ophthalmia, with intense pain, fever, full, rapid and bounding pulse, Aconite may be sufficient to control the inflammatory process, and restore the normal condition of the organ. But, if the brain seem severely tried, the pains in the inflamed organ are peculiarly intense, maddening; the sensitiveness to the light so great that the pupil is contracted to the smallest dimensions, and that the least ray of light causes agonizing distress, we cannot get along without Belladonna.

Upon what principle such a man as Lisfranc employs Belladonna in the severer forms of ophthalmia, is a mystery to me. Does not Belladonna produce the very symptoms for which Lisfranc prescribes it? In inflammations of the eye, where the redness is not very great but where the sensitiveness to the light is a prominent symptom, he causes the extract of Belladonna to be rubbed around the orbit. He says that in inflammations where all the ordinary means remained ineffectual, this simple proceeding would effect a radical cure in two or three days.

Iritis, inflammation of the iris, in its acute form, may require Belladonna. This agent is indicated by the excessive photophobia, frontal headache, and the vascular appearance of the sclerotica whose vessels are seen running towards the cornea, forming a kind of zone around this membrane. Even after effusion of lymph, adhesions between the papillary margin of the iris and the capsule of the crystalline lens, Belladonna may still be useful. In

Retinitis, inflammation of the retina, Belladonna is indispensable. It is indicated by deep-seated pain in the socket, excessive photophobia, optical phantasms, contraction of the pupil, impaired vision, intense sensitiveness of the eyeball to motion or contact. Agonizing pain in the region of the eyebrows, and intense aching and throbbing pains in the front part of the head may also be present.

Inflammations of the different membranes of the eye do not always occur in practice as disconnectedly as we have described them here. Inflammation of the conjunctiva scarcely ever exists without the sclerotica being more or less involved; and, on the other hand, an inflammation of the sclerotic coat will more or less extend to the conjunctiva. Corneitis and a certain degree of inflammation of the conjunctiva seem almost inseparable.

For practical purposes, inflammation of the cornea, sclerotica and

conjunctiva may be considered as one and the same affection, for the treatment is wholly the same. We select our remedies not with reference to the different tissues of the eye, but with reference to the character of the pathological process and to the peculiar pains and other abnormal sensations experienced by the patient.

Schneller has obtained: *redness of the conjunctiva* of the bulb of the eye and of the lids.

Hahnemann and his provers have obtained: *engorgement of the vessels of the conjunctiva*, with stinging pains and lachrymation. Also: *inflammatory redness, engorgement of the vessels of the sclerotica.*

These several symptoms imply the homœopathicity of Belladonna to *Conjunctivitis* and *Sclerotitis.* In some cases of poisoning we observe a *bluish* appearance of the conjunctiva. This may lead us to infer the adaptation of Belladonna to the treatment of

Choroiditis, inflammation of the choroid coat where a bluish zone around the cornea, and the subsequent protusion of small dark-bluish tumors constitute some of the earlier manifestations of the disease. However, the symptom as we find it recorded in two cases of poisoning reported in the "Journal Universel," is too vague to be of positive value in this direction, and can only serve to complete a group of other more decided symptoms.

Corneitis may be indicated by the symptom, "feeling of heat in the eyes, sensation as if the eyeball were enveloped in a hot vapor."

The action of Belladonna upon the pupil and retina, as evidenced by dilatation, alternate contraction and dilatation, photophobia, optical spectra, etc., shows most conclusively that in

Iritis and *Retinitis,* where similar phenomena occur, Belladonna must be capable of manifesting great curative powers.

Chemosis, Pannus, Staphyloma, if symptomatic of, or resulting from inflammation, have to be treated by such medicines as are or were indicated by the general affection; Belladonna is one of them.

In selecting drugs with reference to the pathological character of the inflammation, we shall find Belladonna indicated in

Catarrhal, Rheumatic, Arthritic, Scrofulous, Syphilitic and *Purulent Ophthalmia.* Catarrhal ophthalmia generally corresponds with conjunctivitis; rheumatic and arthritic ophthalmia with sclerotitis.

In scrofulous ophthalmia, the cornea and conjunctiva seem to be principally involved among the external membranes of the eye. In this form of ophthalmia, Dupuytren depended upon Belladonna as his chief resource. He gives it in doses of from three to twelve grains of the powdered leaves, or from one to three grains of the extract made into six pills of which one is taken every two hours. In order to prevent general or local narcotism, he associates with the internal use of Belladonna the use of artificial Seltzer water. Henning asks with much propriety: "Why not give smaller doses? Experience has taught me that much smaller doses accomplish their object perfectly without causing any narcotism or any other disturbing primary symptoms; of course every thing depends upon the quality of the extract."

Henning was not only a skillful operator, but a wise and humane physician. Why will not our allœopathic brethren deem it worth their while to try the curative virtues of the first, second, or third potency of Belladonna in inflammations of the eye, where this drug is applicable? Let it be well understood that the medicine must be in specific homœopathic rapport with the pathological process. Mind this, my allœopathic colleague. If, in a case of ophthalmia where Aconite should be given—in a case, for instance, where the inflammation has the true synochal type, with intense fever, heat and dryness of the skin, full, rapid and bounding pulse, etc.,—you persist in giving Belladonna at the onset, without first hushing up the violence of the storm, you will fail in your endeavor to control the inflammatory process; but then, be just and do not charge the fault of your failure upon your homœopathic brother or his art.

We are not prepared to bestow any extraordinary commendations upon the curative virtues of Belladonna in syphilitic ophthalmia. Nevertheless, if the photophobia is excessive and the tendency to purulent disorganization indicates the use of *Nitric acid*, or one of the mercurial preparations, we may alternate them with Belladonna until a favorable change in the symptoms will admit of a corresponding change in the treatment.

In *Purulent Ophthalmia* of *new-born children*, Belladonna will prove indispensable as a stimulator of the vital energies of the brain. It should be given by all means if the eye discharges a good deal of foul looking pus, the eyelids look swollen, with inflamed edges, and excessive photophobia.

The second order of phenomena appertaining to this group, may be ranged under the head of

B. Amaurosis.

The paralyzing action of Belladonna upon the optic nerve and retina is substantiated by a number of cases of poisoning. The first effect of large doses of Belladonna upon the pupil is to dilate it and diminish its sensitiveness to light. Oculists avail themselves of this property for the purpose of obtaining a fuller and more correct views of the interior of the eye, and likewise for the purpose of facilitating the operation for *keratonyxis*. Dimness of sight and even complete blindness have been occasioned in connection with dilatation and insensibility of the pupil. Hence we prescribe Belladonna for

Amaurosis, many cases of which have been cured with both small and large doses of the drug. By amaurosis we generally understand *blindness*, which may be complete or partial. This affection may be occasioned by various causes, deficient innervation, rheumatic exposure, injuries, etc. The sensitiveness of the eye to external stimuli need not be destroyed. On the contrary it is sometimes abnormally increased. Heat and dryness of the eyeball, *muscæ volitantes*, spectra of various kinds, lancinating, boring pains in the eyeball and distressing, aching pains in the head may trouble the patient. These symptoms strongly indicate Belladonna.

Amblyopia, or *Amaurotic Dimness of Vision*, may require Belladonna. Our provings show that dimness of vision, is one of the most characteristic effects of Belladonna.

In consequence of suppression of scarlatina, a boy of four years had almost lost his sight; the pupils were continually dilated. Four years after, he was placed under homœopathic treatment, took a dose of Belladonna 6, and, three days afterwards, was attacked with a scarlet-like eruption over the whole body which disappeared again after having remained upon the skin for three days. His sight began to improve and was completely restored within one month.

Another case of *Amaurosis* is reported in the Allgemeine Homœopathische Zeitung, vol. 46, No. 7, (Universal Homœopathic Gazette,) where a perfect cure was affected in four weeks with Belladonna 200, and a few doses of Belladonna 30. A servant-girl of twenty-three years had lost her sight in consequence of exposure. Symptoms: vertigo, heavy feeling in the forehead, aching pain and feeling of fullness in the eye, muscæ volitantes, cobwebs before the eyes, increased roundness of the eyeballs, engorgements of the veins of the conjunctiva.

Partial amaurosis will yield to Belladonna.

Hemeralopia and *Nyctalopia* come under this head. The former, where the patient is blind from sunset to sunrise, has often been relieved by Belladonna. Valette's case is quoted in Frank's Magazine, who cured numbers of soldiers afflicted with hemeralopia, by dropping a few drops of a solution of the extract of Belladonna in the eye. The internal use might perhaps have proved equally effectual.

Pereira and other observers state that the obscuration of vision produced by Belladonna is the effect of its modifying action upon the shape of the lens which it is supposed to flatten out, thereby causing a dimness and indistinctness of vision such as persons affected with presbyopia, are troubled with.

Purkingé controverts this doctrine. He attributes the peculiar effects of Belladonna upon the visual power to its influence upon the pupil, although he admits that a contraction of the iris may involve that of the ciliary body whose spongy structure is endowed with an apparently similar irritability as the iris, and that the capsule of the lens and the lens itself may be affected in consequence.

Purkingé accounts for the chromatic effects of Belladonna upon physical principles. He shows that after the pupil has been dilated, the rays are divided by the flat margins of the lens which act like two prismatic segments joined together by their bases.

The muscæ volitantes he regards as blood-disks floating about in the aqueous humor. He accounts for the photophobia by an excess of light penetrating through the dilated pupil into the interior of the eye. Belladonna is supposed to reproduce in the highest degree a condition of the eye similar to what is occasioned by excessive contraction of the pupil following, as it generally does, after excessive dilatation.

Blepharophthalmia, inflammation of the lids, may find its remedy

in Belladonna. Our provings show that inflammatory redness and swelling, with suppuration, are effects peculiar to Belladonna.

Blepharospasmus will yield to Belladonna, for this substance causes constant and painful *twitching* of the lids, a sort of spasm.

It remains for us now to consider.

C. Spectra or Phantasms

as the third order of phenomena produced by Belladonna in the visual range. These spectra are of various kinds: sparks, (scotopsia); colors, (chromatopsia, rays, (photopsia). Some of the more prominent optical illusions occasioned by Belladonna, some of which denote the approach of, or characterize the presence of amaurosis, are:

When reading the letters look like black rings surrounded by white margins.

Rings around the flame of a candle;

Seeing sparks resembling the sparks from an electric battery;

He sees a white star at the ceiling, or silvery clouds hovering in the air;

Seeing things upside down or double.

This last symptom shows that Belladonna produces and therefore cures

Diplopia, a symptom which sometimes occurs in amaurotic conditions of the eyes, or is preliminary thereto.

Some of the symptoms enumerated among the series of symptoms obtained by poisonous medicinal doses of Belladonna, are only valuable as elements of a higher group. For instance the staring and sparkling of the eyes; the spasmodic rolling and squinting of the eyeballs; their protrusion and redness, may characterize typhus, meningitis, mania, etc.

Hæmorrhage from the eyes, a sort of oozing of blood, is cured by Belladonna. Hartmann has reported a case of this kind in Stapf's Archiv., vol. VI., p. 40; the patient was a child, three weeks old; the eyelids were agglutinated, and whenever an attempt was made to open them, blood oozed out of the eyeball. The oozing was greatest when the child cried. Belladonna 30, arrested the difficulty in two days.

In *Fungus Medullaris*, Belladonna may be used to arrest the progress of the disease; whether it can be cured by this or any other agent is doubtful.

LECTURE XXIV.

AURICULAR GROUP.

Belladonna causes symptoms suggesting its use in various inflammatory conditions of the organ of hearing. It causes sounding and buzzing noises in the ears, shooting stitches through the ear, sensi-

tiveness to sounds, tearing pain in the inner and outer ears, purulent discharge from the ear. Hence we recommend Belladonna for

Otitis, Inflammation of the Ear, especially if the brain is involved, as seen by distress in the head, dizziness, signs of cerebral congestion, flushed face, noises in the head; the ears look dark-red, swollen, discharges pus and blood. The first attenuation and even a drop of the tincture in twelve tablespoonsfuls of water may be required.

Otalgia, Earache, yields to Belladonna, if the symptoms correspond with those obtained by the proving of this drug, such as: sensation as if the ear would be pulled out; paroxysms of sharp, crampy pain in the inner ear; boring pressure in the meatus, as if by a finger. In a case of otalgia, where the inner and outer ear looked dark-red, swollen, with discharge of blood and pus from the ear, pain as if the ear would be torn out of the head, intense aching pain in the ear, Belladonna effected a perfect cure over night. The patient had not had a wink of sleep for three nights on account of the pain.

If an affection of this kind should remain after the scarlatina or measles, Belladonna is undoubtedly indicated.

Dysecoia, deafness, hardness of hearing, may require Belladonna, especially if caused by suppression of an acute scarlet or measle-eruption. The patient complains of buzzing, wind rushing out of the ears, loud reports in the ears as from a gun.

In *Otorrhœa* we may find Belladonna indicated, for this drug has caused "discharge of a puriform liquid for twenty days." The discharge may likewise consist of fetid mucus and blood.

DENTAL GROUP.

Among the symptoms of this group we distinguish several of importance in a therapeutic aspect. Belladonna causes an

"Inability to open the jaws on account of a painful rigidity in the muscles of mastication."

This symptom indicates Belladonna in

Rheumatic Lock-jaw when the rheumatic irritation affects the muscles which control the motion of the jaws.

Belladonna causes various kinds of rheumatic pains in the teeth and gums, such as: tearing, drawing and digging pains in the teeth; ulcerative pains in the gums and roots of the teeth as if they would break off; itching and throbbing in the gums. We therefore prescribe Belladonna with success in

Toothache characterized by similar symptoms, rheumatic, throbbing, tearing and lancinating toothache, more particularly if the pain is attended with symptoms of cerebral congestion, redness and heat of the face, heat, redness and swelling of the gums, which, moreover, incline to bleed, beating in the head. If such a toothache occurs in pregnant females, it may yield to Belladonna.

BUCCAL GROUP.

Many of the symptoms which distinguish the action of Belladonna upon the tongue, lining membrane and secretions of the mouth

occur in the course of functional disturbances of a high order. Belladonna causes a

Sensation on the surface of the tongue as if it had gone to sleep, as if it were dead, like fur or cotton;

The tongue has a white coating upon it, or it is covered with a quantity of yellowish-white, tenacious mucus.

The papillæ are bright-red, inflamed and swollen;

The tongue is sore and painful to the touch;

Bad smell from the mouth, early in the morning on waking;

The mouth feels parched, as if the skin had been destroyed by something acrid or corrosive; he is almost unable to swallow on account of the dryness of the mouth, nose and fauces.

These symptoms may occur in fever, more particularly in

Typhoid and *Mucous* fevers. Some of these may likewise occur in *Putrid Sore Throat* or *Diphtheritic Angina*, to which the symptoms mentioned in the next paragraph may likewise refer.

Belladonna causes the secretion of a quantity of tenacious mucus in the mouth. It also causes profuse pytalism, soreness of the inner side of the cheek, especially in the region of the orifice of the salivary duct, which feels as if corroded. Under the action of Belladonna the mouth becomes filled in the morning with a quantity of putrid saliva; the saliva which is secreted by Belladonna is thick, tenacious, white and sticking to the tongue like glue; it may sometimes be seen hanging out at the mouth in long strings.

These various symptoms may likewise occur in fever, more particularly in

Typhoid fever, with predominance of gastric, mucous and bilious symptoms; as well as in common

Angina Faucium, and in

Angina Diphtheritica or putrid sore throat.

The pytalism and soreness of the mouth justify the antidotal use of Belladonna in

Mercurial Pytalism and in rheumatic as well as scrofulous

Stomatitis, even in that form of the disease which is generally described under the name of

Cancrum oris, gangrenous inflammation of the mouth.

Belladonna exercises a remarkable influence over the powers of speech. It has the following symptoms in this direction:

Stammering weakness of the organs of speech, with unimpaired consciousness and dilatation of the pupils;

Paralytic weakness of the organs of speech;

Speechlessness, he does not utter a sound;

He has great difficulty in talking; his voice is a whistling and nasal voice.

These symptoms commend Belladonna to our attention in

Paralysis of the Tongue, whether occurring idiopathically or as a sequela of some cerebral lesion, apoplexy or typhus. Belladonna likewise causes a swelling of the tongue, a symptom which may characterize a case of paralysis to which Belladonna is homœopathic.

In *Glossitis*, or rather *Glossoncus*, Belladonna may be of use, if

the affection is more of a chronic nature. Belladonna causes swelling, redness and soreness of the tongue, such as may occur after mercurial poisoning, or as a consequence of previous acute inflammation.

PHARYNGEAL GROUP.

We have already alluded to the curative relation of Belladonna to acute inflammation of the throat and to its power of exciting hydrophobic spasms. It remains for us to state that this agent is likewise eminently useful in

Chronic Sore Throat, when the throat feels as if excoriated; it is dry and the patient may even complain of a burning sensation in the throat; the throat feels as if contracted, the tonsils seem enlarged. This kind of sore throat may remain after measles, scarlatina, or it may occur in consequence of a mismanaged angina, or as a symptom of constitutional scrofula. A chronic

Swelling of the Tonsils may constitute a prominent symptom of sore throat. Belladonna causes swelling of the tonsils, and is therefore depended upon as a remedy in this affection.

CHYLO-POIËTIC GROUP.

The action of Belladonna upon this order of functions may be considered under various heads:

a. *Taste, Appetite, Thirst.*

Belladonna causes loss of taste; insipid and also foul taste in the mouth; slimy taste in the mouth; it may also cause a flat sweetish taste. This alteration of the taste may occur in fevers to which Belladonna is homœopathic.

Belladonna affects the taste of food and drink. Bread, for instance, tastes and smells sour. The smell of milk is repulsive to her; it has a somewhat bitter and sour taste which disappears after drinking a little more of the milk. In the evening bread and butter taste very sour to him; this is generally followed by heartburn continuing for two hours. Belladonna causes a complete aversion to all sorts of nourishment or drink. Aversion to coffee, beer, meat, acids.

These indications render it valuable as a remedy in

Typhoid fevers and *Gastric Derangements* where such symptoms occur. They likewise point to Belladonna as a remedy for

Hysteria, which is very frequently characterized by such capricious alterations of the taste as Belladonna seems capable of occasioning.

Belladonna causes dryness of the mouth, violent, burning, suffocative, unquenchable thirst, with inability to swallow the least drop, or with great aversion to drink. This aversion seems to arise in some measure from the sense of suffocation which the patient experiences when swallowing liquids.

Belladonna may likewise cause a complete absence of thirst or *Adipsia*, occasioned by a paralytic torpor of the secreting membrane.

This dryness of the mouth and fauces may sometimes be so violent as to render deglutition impossible. Hence in *Dysphagia*, from such a cause, we may rely upon Belladonna as one of our chief remedies.

b. Abnormal sensations before, during or after a meal.

Belladonna causes putrid, or also burning eructations; acrid, sour fluid rising to the mouth, with a kind of choking, heartburn. These symptoms may occur in *Typhoid* and *Gastric fevers*, or severe gastric derangements.

Belladonna likewise causes spasmodic hiccough, or spasmodic eructations resembling hiccough, or hiccough succeeded by violent thirst, redness and heat of the head. Hence we recommend this agent for *Spasmodic Singultus* whether symptomatic of nervous irritation of the œsophagus or stomach, or if occurring from some other cause, as a symptom of organic or functional disease of the stomach.

Belladonna causes nausea and vomiting. This vomiting may be a vomiting of bile and mucus; or it may be a mere retching which is so violent that the face turns blue, and may be attended with the breaking out of sweat as from anguish.

This violent irritation of the nerves of the stomach may occur idiopathically as a symptom of *Acute Indigestion*, or it may exist as a sympathetic affection developing itself in consequence of some primary lesion of a central vital organ, such as the brain or womb.

Among these Belladonna-symptoms we have this record: Frequent attacks of nausea in the forenoon. This symptom may indicate Belladonna in the common *Morning sickness* of pregnant females. The vomiting may be attended with vertigo and flashes of heat.

Guided by this symptom, we have recommended Belladonna for morning-sickness before we were aware that Trousseau and Bretonneau attach a high value to the curative virtues of this agent in the same affection. They recommend the external application of a watery solution of the extract of Belladonna to the hypogastric region; it may be rubbed upon the skin or applied by means of a compress. If the nausea is simply owing to impregnation of the uterus, the results of this treatment are pronounced by these gentlemen as eminently satisfactory.

Among these gastric symptoms of Belladonna, the following is deserving of particular mention: Nausea and inclination to vomit as if proceeding from the throat, with occasional bitter eructations, in the evening, This peculiar form of nausea may occur as a symptom of

Hysteria, or in the course of pregnancy, in consequence of some incipient degeneration of the pharyngeal mucous membrane.

c. Pains.

Belladonna causes a certain order of pains in the stomach which may render it useful in certain forms of

Cardialgia; it causes for instance a hard and painful pressure in the region of the stomach; or a spasm of the stomach which always occurs during a meal; it also causes burning and lancinating pains in the region of the stomach. The burning which Belladonna causes may amount to actual

Gastritis, which is accompanied by nervous symptoms, redness and bloating of the face, gradually changing to the opposite condition, pale and hippocratic countenance, vomiting and horrid retching, thirst, foul taste, inflamed and thickly-coated tongue, small and quick pulse, cold extremities, and most frequently muttering delirium.

Belladonna causes and will therefore cure

Colic, more particularly *Spasmodic, Flatulent, Congestive.* The symptoms which indicate Belladonna in that affection, are the following:

Colic, with constipation, enuresis, eructations and inclination to vomit;

Colic, with spasmodic tension from the chest to the abdomen, so violent that he is unable to move his body.

Cramp-like, constrictive pain in the lower intestines, alternating with dull stitches or jerks in the direction of the perineum;

Constriction of the abdomen around the umbilicus, as if a ball or lump would form;

Colic as if a spot in the abdomen were seized with nails, a griping clutching distress;

Violent contractive, griping pain in the right side of the abdomen when walking, accompanied by sharp stitches darting from that side through the right side of the chest and the axilla;

Pinching colic; he is obliged to sit with his body bent double, with unsuccessful inclination to diarrhœa and subsequent vomiting;

These pains may occur more or less paroxysmally, at intervals, characterizing a nervous affection of the bowels which might be designated as

Colicodynia, to which the following symptoms may likewise refer:

Violent lancinations between the right hip and the umbilicus, as if a dull knife were thrust in;

Heat, with anxiety, in the abdomen, chest and face, with obstruction of the nose:

Heat from below upwards, with sweat as from anguish; afterwards nausea with horrid anguish, the nausea descending more and more in the abdominal cavity;

Long-lasting painfulness of the whole abdomen, as if it were all sore and raw.

Rumbling and pinching in the abdomen.

d. Alvine Secretions.

Small doses of Belladonna cause constipation, with distention of the bowels, heat of the head; large doses cause diarrhœic stools with more or less tenesmus, or even paralysis of the sphincters. Among the Belladonna-symptoms belonging to this group, we notice the following:

Desire for stool, with sensation in the abdomen as if diarrhœa would come on, accompanied by heat in the abdomen;

Papescent stool mixed with mucus;

Heat in the head alternating with diarrhœa;

Diarhœa with inclination to vomit and pressure in the stomach;

Several watery stools, immediately after profuse sweat;

Small diarrhœic evacuations accompanied and succeeded by tenesmus;

The tenesmus which Belladonna excites, may be accompanied by colic and succeeded by vomiting;

Tenesmus, with constant pressing and bearing down towards the anus and genital organs, alternating with painful contraction of the anus;

Contractive pain in the rectum, followed by soreness in the epigastrium, sudden diarrhœic stool and lastly tenesmus.

These few symptoms point to Belladonna as a remedy for certain forms of

Diarrhœa, Dysenteric Diarrhœa, where this agent may be required both when the disorder occurs as an idiopathic affection or as a symptom of some more deep-seated derangement, enteritis, peritonitis, typhus.

We may not overlook the fact that Belladonna is useful in

Proctalgia, where it is indicated by the following symptoms: Pressure in the rectum, towards the orifice; and likewise: sudden lancinations in the rectum, during motion.

The provings likewise show that Belladonna causes and may therefore cure

Stricture of the Anus, the record being "violent itching and constrictive sensation at the anus."

A most interesting case of fissure and spasmodic stricture of the anus is reported in Vol. 110 of the Récueil Périodique of the Société Gallicane, from which Dr. Frank has transferred it to the pages of his Magazine.

A young woman who was on the point of being confined for the first time, complained about a month previous to her confinement, that she passed a little blood with the stool, and that the discharge from the bowels caused some pain at the anus as if the parts were ulcerated. After her confinement, which took place on the 14th of September, 1825, there was no favorable change; she was frequently constipated nine days in succession; the alvine discharges consisted in a few blood-streaked balls of the size of chestnuts and hard as pebbles. On the 2d of October, and on the four subsequent days,

she suffered such horrid pains after an evacuation, that she rolled upon the floor. An examination disclosed in the neighborhood of the anus a whitish slimy matter, secreted from a fissure in the commissure of the perineum. The sphincter ani was spasmodically constricted. An ointment of Belladonna consisting of one drachm of the extract and half an ounce of cerate, was introduced into the rectum by means of a little lint. This afforded the patient a relief of which she had been deprived for a long time. After an injection which was administered with comparative ease, the patient had a much less painful evacuation from the bowels than before. The ointment was continued without any intermission. On the 21st, the patient was able to introduce her finger into the rectum without any difficulty, and the evacuations took place very easily. For six weeks the patient took an injection of bran-water; the fissure healed, the alvine discharges became normal, and the patient remained permanently cured.

It does not appear that in this case the Belladonna-ointment produced a single unpleasant symptom, This and similar cases afford us the instructive lesson: that the external use of Belladonna may be attended with the most beneficial results.

Paralysis of the Sphincters of the Rectum and Anus, which is indicated in the following record, "Involuntary discharge of fæces, from paralysis of the sphincter ani," may likewise yield to Belladonna.

The spasm-exciting virtues of Belladonna render it a valuable and efficient agent in

Ileus and *Strangulated Hernia.* In Frank's Physiological Magazine a number of case are reported where Belladonna effected a cure after every other means had failed. Under the influence of Belladonna the bowels act again, the vomiting of fæcal matter ceases, the protruded bowel is easily replaced by the taxis, or very frequently returns spontaneously, and not a single untoward accident remains. Belladonna may be given internally, and may at the same time be applied externally. A belladonna-injection is often resorted to by Old-School practitioners with the happiest results. Internally the first to the third potency may be given; externally we may use from twenty-five to thirty drops in a cupful of water as a fomentation; an injection may contain the same quantity of the drug.

Belladonna is not applicable in every case of ileus; it is more particularly useful in inflammatory ileus, with heat in the bowels, tenderness to pressure, flushed and hot face, obstinate constipation. The trouble arises in consequence of ill-digestible food, rheumatic exposure; or, in the case of hernia, in consequence of a badly adjusted truss, violent efforts, and other causes.

The curative results of Belladonna in this affection are not due to its narcotic properties, but to its purely dynamic action upon the nervous derangement. In many of the cases reported in Frank's Magazine, violent symptoms of poisoning were developed by the drug; in other cases no perceptible medicinal symptoms became apparent.

Belladonna should not be lost sight of in scrofulous affections of

the glandular system generally, and of the mesenteric ganglia in particular. In a case of scrofulous

Ascites, with general enlargement of glands, Belladonna effected a complete cure. The patient was a boy of two years and a half, atrophied, had fever, and was scarcely able to pass any urine; bowels constipated, skin dry, canine hunger and constant thirst; the abdomen was enormously distended, hard, the fluctuations were unmistakable; the umbilicus was distended even unto bursting. After the fruitless employment of a number of medicines, Belladonna was finally resorted to in doses of one eighth of a grain every three or four hours. In a few days the child began to improve, he looked brighter, his complexion became clearer, the eyes ceased to have an unpleasant, unmeaning, watery expression, the pulse became fuller and stronger, the skin moist and warm, the urine was secreted more abundantly and the child had every day from six to seven fetid, slimy, cadaverous evacuations. The abdomen became softer, less distended, the urinary secretions became more and more profuse, and the bowels continued to be moved four or five times a day until the child's health was completely restored. In this case the first two doses, with the exception of a little dizziness, caused no other unpleasant sensations, leaving the throat and sensorium entirely undisturbed.

URINARY GROUP.

Belladonna, if administered in large doses, seems to increase the urinary secretion, which is most probably owing to a paralytic debility of the sphincter of the bladder. Small doses of Belladonna seem to retard the secretion of this fluid; the provers of Belladonna report: suppression of stool and urine, accompanied by profuse sweat.

Belladonna alters the color of the urine; it may be of a gold-yellow or red color; it may likewise be pale and watery, a condition which commends Belladonna to our attention in spasmodic diseases, more especially when of the character of

Hysteria, hysteric spasms or convulsions for which Belladonna has been recommended in a previous paragraph.

The reddish color of the urine may occur in such inflammatory diseases as may require Belladonna; a reddish sediment is sometimes thrown down by it.

In *Paralysis of the Sphincters*, Belladonna may be indicated; a condition of this kind may occur in the course of typhus or as a rheumatic or hysteric affection.

Retention of Urine, to which Belladonna is homœopathic, does not often occur as an idiopathic affection; it may be symptomatic of some cerebral disease, of inflammatory fevers, more particularly typhoid and mucous fevers. In prescribing Belladonna for this one symptom, the general character of the existing constitutional disorder must justify its use.

Retention of urine may arise from spasmodic constriction of the sphincter. If this difficulty has a purely rheumatic origin, Aconite may be the most suitable remedy for it; but if it should

develop itself as a symptom of hysteria, or if persons, more particularly females, are habitually subject to it, Belladonna may be indispensable to a final cure.

We cannot close this chapter without alluding to the benefit which we may derive from Belladonna in the treatment of

Nephritic Colic when caused by the passage of a calculus through the ureters. Belladonna may relieve the spasmodic irritation of the walls of the ureters, particularly if the presence of violent cerebral congestions, flushed and jaundiced face, nausea and vomiting, indicate its use. The third to the sixth potency may be sufficient.

SEXUAL GROUP.

The action of moderate doses of Belladonna upon the sexual organs seems to be characterized by *spasm* and *congestion*. It causes:

Repeated paroxysms of a tearing pain in the left spermatic cord, in the evening while in bed, previous to falling asleep;

Retraction of the prepuce behind the glans, causing a disagreeable sensation in the denuded glans;

Lancination along the urethra, from the bulbus to the orifice, when walking;

Drawing in the spermatic cord, when urinating;

Lancinations in the testicle, it is drawn up;

Violent pressing towards the sexual organs, worse when sitting bent forward, relieved by straightening himself.

These symptoms indicate the use of Belladonna in congestive and spasmodic affections of the male organs, among which we may single out

Phimosis, where it may be necessary to use Belladonna both externally and internally.

Urethritis, more particularly if the bulbus of the urethra is inflamed.

Spasmodic Irritation of the Spermatic Cord, with tearing and drawing pains.

Orchitis, with lancing pains in the testicle, it is hard and drawn up. Belladonna is more particularly indicated in the congestive or sub-acute form, with tendency to permanent enlargement and induration; the cord may be involved.

Belladonna weakens the sexual powers, and depresses the desire for sexual intercourse. It causes

Nocturnal emissions, while the penis remains relaxed;

Discharge of the prostatic fluid, without erection;

The sexual appetite seems to be completely extinguished.

In accordance with these symptoms we may recommend Belladonna for

Nocturnal Emission, discharge of the prostatic fluid and perhaps

Spermatorrhœa when arising from weakness of the seminal vesicles, with sweating of the parts, pressing and lancing pains in the parts.

The female organs are likewise powerfully acted upon by Bella-

donna. Here too this agent seems to induce spasm and congestion. Moderate doses seem to induce marked signs of organic reaction, larger doses depress and disorganize the sexual functions of the female, retard and alter the quantity of the menstrual discharge, arrest the flow of milk, and weaken the uterine vitality generally.

One of the female provers of Belladonna reports the following symptom: "Distention of the abdomen, with pressing towards the pudendum, followed by discharge of white mucus from the vagina."

This symptom, in connection with the fact that Belladonna retards the appearance of the menstrual secretion, may render this agent useful in

Amenorrhœa or *Dysmenorrhœa*, where the catamenia are either preceded or superseded by a leucorrhœal discharge, bearing-down pains, flushed countenance, symptoms of cerebral irritation, phantasms, scintillations, etc.

In *Dysmenorrhœa* to which Balladonna is homœopathic, rheumatic symptoms may develop themselves; Greding reports among his cases: nightly yawning and creeping chills over the back during the catamenia; and Hahnemann's provers report: crampy tearing, at one time in the back and at other times in the arms.

Evers, in his Berlin Collections, reports "fetid metrorrhagia" as one of the effects of Belladonna. This symptom may suggest the use of Belladonna in affections where the sanguineous secretions of the uterus are correspondingly altered.

The *Lochial Discharge*, if foul and fetid, may be corrected by Belladonna.

The *Menstrual Discharge*, if consisting of dark, foul blood, may be improved by Belladonna if the other symptoms justify its exhibition. We have administered Belladonna with success in

Amenorrhœa of a typhoid character, with heat and a sensation of crawling in the uterine region, dry and furred tongue, foul taste, drowsiness, depression of spirits, and now and then oozing of a little fetid, bloody water.

The power which Belladonna possesses of disorganizing the uterine secretions, arresting the flow of milk and disturbing the functional power of the brain, renders it valuable in diseases arising from, or, at any rate, co-existing with suppression of milk after parturition. We may mention

Puerperal fever, during the congestive stage, with determination of blood to the brain, throbbing headache, stitches through the brain, flushed and bloated countenance, glistening and staring eyes, dizziness, occasional delirium, nausea and vomiting, furred tongue, dry and sticky mouth, foul taste, soft, quick pulse, diarrhœa or constipation, red urine. The first potency may be most suitable.

Puerperal Mania may likewise occur, and require the use of Belladonna if the mania is of the furious, ludicrous or muttering order. Whether this agent is required in

Nymphomania, depends upon the accompanying cerebral symptoms, the character of the delirium, the general condition of the

uterine functions, and the determining causes of this affection in the case before us.

In treating the diseases which may arise from suppression of milk, we of course treat this difficulty itself. In

Agalactia or *Suppression of Milk*, Belladonna may afford us great aid. We know that Belladonna, if applied to the breast, will suppress the secretion of milk; hence, if this suppression should occur as a natural disorder, in the case of delicate, sensitive, scrofulous females, with tendency to cerebral congestions, we may expect much from the curative action of Belladonna.

On the other hand, small doses of Belladonna may cause an increased flow of milk, a species of

Galactirrhœa, for which small doses of Belladonna may be given with good effect, even when occurring in females who are not pregnant.

A partial or total suppression of the milky secretion may lead to the formation of nodosities in the breast, for which Belladonna is sometimes given with good effect. It may often be advisable to give the drug both internally and externally. In

Mastitis, inflammation of the mammæ, when associated with suppression of milk, Belladonna may often afford aid; it may have to be used in connection with Aconite.

The tendency to sanguineous engorgement which characterizes the action of Belladonna upon the womb, may be accompanied by

Prolapsus or *Falling of the Womb*, or with a sensation as if the womb had descended, although there may not be any actual descension. The patient experiences a dragging, heavy pain in the uterine region, which generally disappears when lying down. Give from the third to the sixth potency.

Another result of these uterine engorgements may be

Ulceration of the Neck of the Womb with consequent discharges from the vagina. The neck of the womb is swollen, sensitive, with an increased temperature of the part.

Swelling and *Induration of the Neck of the Womb* may require the internal and external use of Belladonna. The induration may even be of a scirrhous nature, with lancinations in the indurated portion of the uterus.

Belladonna seems to have a marked effect upon constriction of orifices, and has likewise been used with success in

Stricture of the Os Uteri, more particularly when occurring during labor. A case is reported in Siebold's Journal for Female Diseases, where these anti-spasmodic virtues of Belladonna were strikingly manifested. A robust, middle-aged woman had been in labor for twelve hours. The pelvis had the normal dimensions; it was a transverse presentation. The os uteri was only dilated to the size of a twenty-five cent piece, and otherwise perfectly rigid, not being in the least affected by the increasing pains. The pulverized root of

Belladonna was given in half-grain doses, and some of the ointment of Belladonna was applied to the os uteri directly, although very imperfectly. In an hour and a half the os uteri was sufficiently dilated to enable the accoucheur to introduce his hand and turn. In another case of stricture of the os uteri, Belladonna was used in a similar manner and with the same success.

There is no reason why this agent should not be used with benefit in

Hour-glass contractions of the Uterus, where Secale may likewise be very efficient.

In conclusion, I desire to call your attention to an affection which is sometimes very troublesome to young women in their first pregnancy:

Prurigo of the Vagina, the mucous lining of which looks irritated, somewhat inflamed, studded with fine vesicles which discharge an excoriating, smarting, itching and burning moisture. Belladonna 1st and 3d potency may relieve this exceedingly annoying affection.

CATARRHAL GROUP.

Belladonna affects the lining membrane of the nose and of the bronchial passages in a more or less marked manner. Among the recorded symptoms we distinguish the following:

Fluent Coryza of one nostril, with smell as of herring-brine;

Rough and *hoarse*, or *shrill* sound of the voice, with wheezing.

Aphonia, with sensation of weakness in the larynx.

Violent Cough, about noon, several days in sucession, with discharge of a large quantity of tenacious mucus.

Violent *dry* cough in the forenoon as if a foreign body had got into the larynx.

Itching Titillation in the back part of the larynx, in the evening when in bed, causing an irresistible dry cough;

Sensation as if a *Dry Catarrh* had become settled in the chest, which continually excites a dry cough.

Dry Cough, day and night, excited by a titillation in the throat-pit, with headache and redness of the face.

Cough, with discharge of a *purulent substance* from the upper part of the trachea, resembling old catarrhal mucus, early in the morning.

Cough with a *bloody taste* in the mouth.

Expectoration of *bloody mucus*, early in the morning when coughing

Cough preceded by *weeping*.

Cough with *shooting stitches* in the side, under the left rib.

Violent cough, with *pressure in the nape of the neck* as though it should break.

These physiological effects of Belladonna enable us to prescribe this agent in neglected

Catarrh of the nose, if the secretions of the Schneiderian membrane have become vitiated, and smell and taste like brine. In an affection of this kind, the irritation will most probably invade the mucous

lining of the respiratory organs, causing a cough of the character above described. In

Hysteria, this alteration of the nasal secretions may likewise occur.

Aphonia will yield to Belladonna, if it is symptomatic of a chronic irritation of the lining membrane of the larynx, or

Chronic Laryngitis, with sensitiveness of the larynx to pressure, paroxysms of dry cough, determination of blood to the head. In a case of this kind, it may be necessary to associate the use of Aconite with Belladonna.

In *Pthisicky Cough*, with wheezing, weakness of voice, expectoration of bloody mucus, particularly early in the morning, Belladonna may afford much relief, more especially if the cough comes in paroxysms and is of a spasmodic character.

In *Whooping-cough*, this agent has been used by Old-School physicians with considerable success during the spasmodic stage. They give it in doses of from one-eighth to one-half of a grain morning and night. A few doses are sufficient in many cases to check the violence of the paroxysms or even to arrest them altogether. Belladonna is undoubtedly in homœopathic rapport with this cough, and with spasmodic cough generally, and may effect curative results even when given in much smaller doses.

In these different varieties of cough, Belladonna is frequently administered by inhalation, not only by allœopathic, but likewise by homœopathic physicians.

THORACIC GROUP.

Belladonna causes a variety of stinging pains in the lungs; it also causes oppression and irregular breathing.

Its action upon the heart is likewise marked; it causes a tremor of the heart, with anguish. It also causes pressure in the region of the heart, with anguish and short breathing.

These symptoms may occur in

Hysteria, during a paroxysm of hysteric spasms affecting particularly the heart and lungs.

In *Congestion* of the lungs and heart they may likewise be present more or less.

FEVER GROUP.

Belladonna may be adapted to fevers of an intermittent as well as of a remittent type. General indications for Belladonna in fever are: cerebral congestions, flushed and puffed face, sparkling or staring eyes, headache, restlessness, drowsiness, starting of the limbs, nausea, dry and sticky mouth, sensitiveness to light and noise, etc.

Belladonna may be indicated in

Simple Catarrhal Fever, with tendency to drowsiness, dry and coated tongue, inflamed urine, dark flushes on the cheeks, frontal headache, dizziness, nausea, constipation. The first attenuation may be suitable.

In *Typhus*, this agent manifests great curative powers. Of cerebral

typhus we have already spoken, page 347. In typhus of the liver, lungs, bowels, Belladonna may likewise be indicated. The character of the cerebral symptoms, the delirium, the nature of the optical spectra, determine the employment of this agent. The delirium is of the furious or muttering kind; the patients are quarrelsome, indulge in insulting language, see dogs and wild beasts, catch at flocks, pick at the bed-clothes, complain of distressing pain in the head; the pulse is soft and hurried, the skin dry, the bowels bound, except when symptoms of paralysis show themselves, in which case involuntary diarrhœic discharges may take place. Drowsiness is very apt to be present in the first stage of the disease. In typhus, the third to the twelfth potency may be sufficient, although a lower attenuation may sometimes be more useful, more particularly in typhus complicated with convulsions.

In *Petechial Typhus*, Belladonna may be the best remedy in some cases; the petechiæ may be of a violet color, or gangrenous petechiæ of a blackish-brown color. The existence of hæmorrhage from various orifices of the body, from the nose, mouth, urethra, anus, may afford an additional indication for Belladonna in typhus and typhoid fevers.

In *Typhoid fever*, whether the gastric, bilious, mucous or rheumatic symptoms predominate, Belladonna may be an indispensable agent. The typhoid character of the fever is determined by the extent to which the brain participates in the pathological process.

In *Gastric Typhus*, the tongue may be lined with a thick, grayish coating, rather loose and moist at first, until the typhoid process is fully developed.

In *Bilious Typhus*, the coating has a dark-brown appearance, until the tongue finally looks like scorched leather.

In *Mucous Typhus*, the tongue may at first be lined with a thick, tenacious whitish fur; the mouth is dry, although it may be continually filled with tenacious saliva.

In *Rheumatic Typhus*, the joints may be inflamed at first, and the patient may complain of rheumatic tearing and lancing pains in the periosteum of the long bones. Under ordinary circumstances these signs of inflammation might yield to Aconite and Bryonia: but a typhoid character supervening, a medicine may have to be chosen in affinity with the inimical principle of typhus. Belladonna may be such an agent.

We may mention two other forms of typhus of frequent occurrence: *Typhus Pulmonalis*, and *Typhus Abdominalis*. In pulmonary typhus the inflammatory process is located in the lungs; in the latter form it is located in the lining membrane of the ilium. The symptoms which indicate Belladonna in these affections are the same which characterize typhus generally, and have been fully described above and on pages 347 and 348. In one case of pulmonary typhus which has come under our notice, the symptoms of hydrophobia constituted prominent indications throughout the course of the disease.

In all fevers to which Belladonna is homœopathic, a typhoid type is threatening, although the patient may recover before the symp-

toms of typhus have become fully developed, as we have described them on page 347, in the paragraph on cerebral typhus. The homœopathicity of Belladonna to fever depends upon a variety of circumstances,

a. Upon the *condition of the brain:* pain, dizziness, sopor, delirium;

b. Upon the *appearance of the face:* bloated, flushed face, glistening or staring eyes, expression of distress and agony in the features;

c. Upon the *condition of the tongue and mouth:* thickly-furred tongue, grayish, brown, blackish coating upon the tongue; soreness of the edges and tip of the tongue; profuse secretion of tenacious, stringy saliva in the mouth; foul taste, absence of taste; thirst on account of dryness of the mouth and tongue;

d. *Urinary and alvine secretions:* yellow-colored or red urine, retention of urine or inability to retain it; diarrhœa or constipation, the bowels being soft, with pinching, spasmodic pains in the bowels, ulcerative pain in the ileo-cœcal region at a later stage of the fever; the discharges have a foul smell;

e. *Upon the pulse:* soft, rather full and hurried;

f. *Upon the temperature of the skin:* dry and warm, or irregular temperature, cold feet and knees while the rest of the body is warm; chilly creepings or internal chilliness with warmth of the skin, or paroxysms of profuse sweat preceded by excessive restlessness and anxiety;

g. Upon the *general condition of the nervous system:* startings, spasmodic twitchings, sopor or stupor, wakefulness, horrid dreams, rapid loss of strength, emaciation.

In *Dentition-fever,* Belladonna may have to be associated with Aconite, if cerebral congestions are present and convulsions threaten.

The homœopathicity of Belladonna to *Puerperal fever* has been fully shown in the chapter headed "Sexual Group."

The hæmorrhagic tendencies of Belladonna may render it an useful agent in fevers of a scorbutic nature, among which we may class

Purpura Hæmorrhagica, or *Morbus Maculosus Werlhofii.* In the simple form of this disease, the *Purpura simplex,* Aconite may be of great use. But in the decidedly scorbutic form, where the vitality of the blood is undermined by a poisonous principle, Belladonna may have to be resorted to as one of its neutralizers.

In *Congestive* Fevers, where violent cerebral congestions characterize the paroxysmal exacerbation of the symptoms, Belladonna, from first to sixth potency, may be required; do not, however, suffer yourselves to be beguiled into the use of Belladonna for no other reasons than because cerebral congestions are present. Such congestions may likewise indicate Aconite, Arsenic, Mercury. The dynamic condition which is pathologically represented by the congested conditions of the vessels, must correspond with the dynamic action of Belladonna in order that this agent may afford relief in the case. This dynamic homœopathicity may be indicated or rather characterized by such symptoms as these: bright redness and bloat-

ing of the face; glistening and protrusion of the blood-shot eyeballs; contraction of the pupil; extreme sensitiveness of the eyes to light: throbbing and lancinating pains in the forehead and sides of the head; stitches darting through the head; optical spectra, flashes of light or scintillations, sopor between the paroxysms or else extreme wakefulness in consequence of the excited condition of the sensorium: these are some of the leading cerebral symptoms which should decide us in our selection of Belladonna, added to which the remainder of the constitutional symptoms of the case should constitute a perfect tableau of Belladonna-action.

In *Rheumatic fever*, Belladonna may be a very useful agent. The fever is of a remittent type, with evening-exacerbations. The pulse is not hard or bounding, soft, somewhat fuller and quicker than usual. The fever is attended with rheumatic pains in various parts of the body, in the extremities, nape or sides of the neck, joints; the pains may be tearing or drawing, lancing and creeping; the patient may complain of stitches shooting through the affected parts, or darting through internal organs, even the head. The affected parts may become œdematous, without sometimes any apparent signs of inflammation; the hands, ankle-joints, and even larger joints such as the knee-joints, may become thus affected. The muscles of the nape of the neck and the sterno-cleido-mastoideus muscle may be the seat of the local inflammation. We may therefore recommend Belladonna for a

Crick in the neck; also for

Wry neck or *Torticollis*; for

Rheumatic Swelling of the hands, ankle-joints, knees, etc., where this agent may be of great advantage, if the pains and inflammation seem deeply seated, wearing, depressing the nervous energy, inclining to a torpid type.

These rheumatic inflammations may leave the external parts and, by a process of metastasis, attack internal organs, the brain, lungs, heart, stomach, bowels, liver, bladder. If Belladonna was originally indicated, it may still be required by the internal disease although we may associate with it some other medicine more specifically adapted to the nature and functions of the invaded organ: Cantharides and Pulsatilla in case the bladder is invaded; Actæa racemosa, Spigelia, Arsenicum, Digitalis for the heart; Byronia, Arsenicum and other drugs, for the bowels; Bryonia and Phosphorus for the lungs, etc.

For metastatic diseases of this character, I should prefer the lower potencies from the third to the sixth, or even still lower.

In *Eruptive Fevers*, Belladonna occupies a prominent rank as a remedial agent. It causes measle-shaped eruptions, and may therefore be useful in

Measles, if the brain has to be assisted in bringing the eruption out. We may infer the existence of this necessity from various symptoms: sopor or even stupor, convulsive startings, flushes in the face or changes of color in the face, hurried and irregular pulse. The first three potencies may be the most appropriate.

Balladonna likewise causes scarlet-spots or a scarlet-redness in the face, on the neck, chest, abdomen, hands, sometimes accompanied with hot swelling of the parts, small and quick pulse, asthmatic dyspnœa, violent cough, delirium, rubbing of the nose, dilatation of the pupils. This effect of Balladonna upon the skin has led to its use in

Scarlatina lævigata, or the smooth Sydenhamian scarlet-fever, as a sort of specific for this very formidable malady. Even allœopathic practitioners recommend its curative virtues in this disease. In an essay on the prophylactic virtues of Belladonna in scarlet-fever, Dr. Œhler of Grimmitschau, Saxony, expresses himself as follows:

"In anginæ of scarlet-fever, whether at the onset, acme or termination of the malady, I know of no remedy, not even excepting calomel, leeches and liniments, which affords relief and effects a cure as speedily as Belladonna. I prescribe it in accordance with the age of the patient and the intensity of the disease, every two, three or four hours, giving either the recently-pulverized root, or a reliably-prepared extract, in doses of from one-twelfth to one-half of a grain. So far from having witnessed any ill effects from this treatment, I have generally and with but few exceptions, seen all dangerous symptoms subside, in which case the medicine was given less frequently and very soon after, omitted entirely. Already Hufeland has directed attention to the peculiarity of scarlatina-angina; Belladonna is endowed with the power of producing a similar affection of the throat; although this may sound rather homœopathically, let us not reject Belladonna on this account with testing its merits in this disease."

Dierbach informs us, page 836 of his Materia Medica, that "Dr. Bucig of Guben, Germany, employed the pulverized root of Belladonna in three cases of scarlet-fever, the children being respectively from eight to fifteen years old; no other medicine was used in any case. He speaks of the effect of Belladonna as surprisingly striking. After taking one fourth of a grain, the burning of the skin became less and the angina abated, so that the disease ran its course without any violent symptoms. A boy of eight years, who was frequently delirious, was treated to a second dose, after which he became more quiet; after the third dose, the head was entirely disembarrassed, the angina was removed, the skin became moist and all danger was over."

Much has been said concerning the prophylactic virtues of Belladonna in scarlatina. Men of eminence in the medical profession may be found among the advocates as well as among the opponents of this doctrine. Upon Hahnemann's recommendation, Hufeland, after having tested the power of Belladonna as a prophylactic, became one of its warmest champions, and induced the most distinguished men of the profession to experiment in the same direction. The ultimate result has been that some commend, others, on the contrary, repudiate the prophylactic virtues of Belladonna as a chimera. The statistics on either side are so numerous that it would require a number of pages to record them all. Upon the whole, the preponderance seems to be on the side of those who argue in favor of

Belladonna as a preventive of epidemic scarlatina. If Belladonna is to be used for any such purpose, it is of importance, as Professor Mitchell of Jefferson College justly remarks, that the article should be reliable. If the powdered root is used, it should be as fresh as it can possibly be had. Homœopathic physicians use the first or third potency for preventive purposes. Old-School practitioners use a much larger quantity, from one-eighth to one-fifth of a grain of the powdered root once or twice a day during the course of an epidemic. The exhibition of Belladonna as a preventive of scarlatina need not be attended with any unpleasant consequences; on the contrary, it may prove efficacious. Then, why not resort to it, were it only in a single family? I should consider it my duty to do so on every occasion, where children are exposed, in a community or even in a single household, to the contagious influences of the scarlatina-miasm.

EXANTHEMATOUS GROUP.

Belladonna acts with a peculiar power upon chronic inflammations and indurations of glands, more particularly in persons of a scrofulous diathesis. Among the records of provers we see it stated that this agent has caused inflammation and swelling of the parotid, submaxillary, axillary, cervical and inguinal glands. We may therefore commend Belladonna for

Chronic Glandular Swellings, especially when of a scrofulous character, and when resulting from a previous inflammation of the glands. In

Parotitis, whether occurring as the result of an epidemic miasm, or as an isolated case of rheumatic inflammation, Belladonna may be indispensable, especially when the affection is of a chronic, torpid character.

Even in *Scirrhous Indurations* of glands, Belladonna has been employed with advantage. In

Scirrhous Indurations of the mammæ, of the lower lip, uterus, and of glands, this agent may be required. The internal use may have to be associated with the external application of the tincture.

In *Ulcers* of a scrofulous or mercurial nature, readily bleeding and covered with a blackish crust, Belladonna shows remarkable healing powers. The lower potencies, and even the tincture may have to be used.

In *Fungus Medullaris* and *Hæmatodes*, Belladonna may be an useful agent, if the fungus is not too far progressed. In medullary fungus of the optic nerve especially, Belladonna may be serviceable, although no cure may ever be possible in disorganizations of this kind. The middle and higher potencies should be preferred.

SLEEP.

Belladonna causes drowsiness and even stupor.

Persons who are poisoned with Belladonna, often lie in a state of

stupor; their breathing is stertorous, they lie motionless; at times they raise their eyes, stare, look around wildly; while in this state of stupor, the tendons twitch, the face looks pale; the face and hands are cold, the pulse is hard, quick and small; on waking the mouth is dry, the tongue cleaves to the palate, the breath has a foul odor.

Instead of stupor the opposite condition may set in, excessive wakefulness, utter inability to sleep in consequence of excitement of the fancy, all sorts of visions and hallucinations crowding upon the mind.

The sleep is interrupted by frequent startings, screams, moans as if the person were in great distress, frightful dreams about robbers, ghosts, fire.

The sleep is not refreshing; on waking one feels exhausted, weary, sick all over.

These various characteristics may occur in fevers and mental diseases to which Belladonna is specifically adapted, and constitute so many confirmatory evidences of the homœopathicity of Belladonna to the case before us.

MENTAL GROUP.

The effects of Belladonna upon the mind are very striking. This drug causes a variety of mental derangements.

1. Anxiety in the region of the heart, apparently of a purely nervous kind, accompanied by redness of the face (præcordial anxiety.)

2. Delirium of various kinds: muttering, loquacious; lascivious talk, insulting language;

3. Craziness, she feels of those around her, acts as if she were counting money;

4. In another case, the persons undressed themselves, ran through the streets, gesticulating in a strange manner, dancing, laughing aloud, and uttering and demanding foolish things;

5. Other patients would clap their hands, with tenacious mucus hanging out at the corners of their mouths;

6. Another patient would put her tongue out to its full length, smack it, after which she was tormented with retching and vomiting;

7. Other patients uttered horrible shrieks, with trembling of the hands and feet;

8. Some patients are averse to company; they cannot bear the least contradiction; they howl and shriek if refused anything;

9. Some are attacked with rage, they tear their clothes, kick, bite, attempt to jump out of bed, run away;

10. Others are troubled with phantasms, ghosts, beasts (dogs, bats, wild beasts); one patient fancied his nose was transparent;

11. Complete loss of memory, stupor, loss of consciousness, may befall many;

12. Some become shy, serious, melancholy, of a changing mood.

These effects of Belladonna upon the mind and censorium may occur as abnormal states in

Typhoid fevers, and in

Mania, Craziness, no matter from what cause the mental disorder may emanate. In certain specific cases, specific remedies may be applicable, for instance if the disorder arises from the violent suppression of an eruption to which some peculiar medicine was adapted; in cases of syphilitic metastasis; nevertheless, even in such cases it may be wise to associate Belladonna with the former drug.

DOSE.

In the course of these lectures on Belladonna we have furnished a good many hints concerning the most appropriate dose to be used in the various maladies where Belladonna may be required. We will add a few more general suggestions.

As a general rule, we think that the middle potencies of Belladonna, from the third to the twelfth, will be found adequate to acute as well as to chronic cases. In very few cases it may be necessary to go below the third, and even to resort to the tincture. These exceptions have been indicated in every case. On the other hand, higher potencies, even up to the two hundredth, may not only prove efficacious but appropriate in the case of highly organized, sensitive individuals, more especially females and children. The dose may be repeated every two or six hours, and in chronic cases once or twice a day.

ANTIDOTAL TREATMENT.

In a case of poisoning we first withdraw the poison by means of an emetic, for which purpose from twenty to thirty grains of the Sulphate of Zinc may be administered; after which we resort to such antidotes as strong lemonade, strong black coffee, cold affusions, mustard-draughts to the feet and stomach, etc.

From this agent we obtain an alkaloid Atropine which is supposed to be the active principle of the drug. It is exceedingly poisonous. From the one hundredth part of a grain we have witnessed the following effects in the case of a lady thirty years old:

Weariness of the head; inability to raise the head after stooping;

Redness and heat of the face;

Confused vision, the colors look blurred; presbyopia, weakness of sight even three days after taking the drug;

Tongue rigid like leather;

Gums and fauces dry;

Limbs weak and heavy; she is unable to stand or walk; she feels like fainting after making the least effort;

Palpitation of the heart;

Trembling of the hands when attempting to hold anything.

Another interesting case of poisoning by Atropine is published in the forty-second number of the Deutsche Klinik by Dr. Droste. A girl swallowed by mistake a solution of Atropine containing

about two-thirds of a grain of this alkaloid. She complained of burning in the throat; weakness of sight; complete aphonia. Copious draughts of milk excited vomiting. Soon after the following symptoms developed themselves: dilatation of the pupils, injected appearance of the eyes; convulsive movements of the face; small and frequent pulse (130 beats in the minute); extreme restlessness; indifference to what was passing around her. The burning in the throat had increased, and had extended over the epigastrium. Sulphate of zinc excited more vomiting; after it had ceased the patient felt very drowsy. The sopor was sought to be counteracted by two drops of Croton oil, cold water to the head, warm fomentations to the feet, diffusible stimulants. This condition lasted forty-eight hours, and was followed by trembling of the limbs, excessive nervousness like that in delirium tremens, lasting two days and nights; after which the patient gradually recovered in the course of four days.

LECTURE XXV.

BRYONIA ALBA.

(*White Bryony.*)

THIS plant belongs to the Natural Order Cucurbitaceæ. It derives its name from the Greek verb "*bruo,*" to germinate, expressive of the vigorous and rapid growth of its annual stems from the perennial root. The leaves are cordate, five-lobed, dentate. Flowers: racemes and corymbæ; calyx and corolla of equal length. The plant bears black berries. It is distinguished by herbaceous climbers, with simple tendrils. Leaves stalked and alternate. The large root is perennial, of a bitter taste, containing a good deal of starch, branched and tuberculous.

There are many species of bryony, the white bryony being the only species which is used by homœopathic physicians.

We make an alcoholic tincture of the root, of a deep-yellow color and very bitter.

Bryonia is an acrid poison. In one case of poisoning, the whole of the mucous lining of the rectum had come away. In another case the patient was attacked by tormina and purging which could not be stopped, and finally caused his death.

Orfila has made several experiments upon dogs. In one of them no symptoms of poisoning could be found. In another dog the stomach was found inflamed, and the lungs but slightly. Another dog was killed by swallowing three ounces of water that had been standing for two hours on four drachms of the root.

Bryonia, if injected into the pleural cavity, causes true pleurisy and effusion of fibrin.

In a case of poisoning we administer an infusion of galls which precipitates an insoluble tannate of the active principles of Bryonia.

Although we number Bryonia among the polychrests, yet its therapeutic range is comparatively limited as regards the diversity of the disorders with which it is in curative rapport. It derives its importance from the fact that it is homœopathic to affections of frequent and universal occurrence, more particularly rheumatic and nervous and inflammatory diseases.

Noack and Trinks define the physiological range of Bryonia in the following concise statements: "Bryonia excites both the peripheral nerves and capillary vessels, thus giving rise to symptoms intermediate between inflammation and nervous irritation. Bryonia has striking relations with the secretory organs of the bile and with the uterus, likewise with the serous membranes, and is especially suitable in hyperæmia of the latter. Bryonia is especially indicated in affections where resorption is required, in typhoid infiltrations, serous infusions, and sanguineous exudations. It is especially efficacious in affections where the catarrhal, pituitous, or rheumatic character prevails, or where synochal symptoms pass into the nervous stage." We shall have occasion to elucidate these teachings as we proceed with our usual categories of symptoms under their respective heads.

CEPHALIC GROUP.

Bryonia may be of advantage in

Hemicrania of a rheumatic, arthritic or nervous character. Our recorded provings show that the headaches to which Bryonia is homœopathic, are characterized by congestive symptoms. This may be inferred from such records as these:

Rush of blood to the head, after which the head feels compressed from temple to temple;

Violent headache, the head feeling very heavy, with pressure in the brain from within outwards, and great desire to lie down;

Headache, when stooping, as if the brain would press out at the forehead;

Headache as if the skull should be pressed asunder;

Congestion of blood to the head, with heat in the head.

According to our records, it seems characteristic of the byronia headache to set in principally in the morning on waking, and to become aggravated by movement, particularly by opening and moving the eyes.

The scalp likewise presents some characteristic symptoms; it is painful to the touch as if sore; burning pain at a spot on the top of the head; the head is covered with a warm perspiration; sensation as if the hair were pulled at.

Guided by these symptoms we may recommend Bryonia for

Rheumatic congestive headaches, and for

Rheumatism of the scalp, where, however, Byonia seems to play an inferior part. It is principally in congestive affections of the head with predominance of nervous symptoms that Bryonia seems efficacious.

The foregoing symptoms may be present in *Bilious-congestive headaches,* or in *Rheumatic headaches,* which are almost always complicated with bilious symptoms.

NERVOUS GROUP.

Bryonia is not much used in purely nervous affections. It has been employed in

Traumatic Tetanus, apparently with some success, and is recommended by Noack and Trinks in

Hysteric Tetanus, more in accordance with a theory, as it seems to me, than with the actual effects of the drug upon the healthy organism. It may also be more or less adapted to

Paralysis of the Extremities, when of a rheumatic nature, or when caused by the retrocession of an acute rash for which Bryonia should have been prescribed.

Regarding the dose in the various nervous affections which we have named, including the different forms of hemicrania to which Bryonia is homœopathic, we would recommend the middle potencies, from the sixth to the eighteenth, in preference to the lower or to the tincture. In purely nervous or inflammatory conditions we have never seen any good effects of a striking character from a strong tincture.

INFLAMMATORY GROUP.

Bryonia seems to be particularly adapted to rheumatic inflammations and to phlegmonous inflammations that have passed into the second stage, a stage characterized by phenomena denoting effusions into cavities or infiltrations into parenchymatous tissue. In pneumonia, hepatitis, peritonitis, meningitis, pleuritis, enteritis, and in bronchitis, Bryonia is not indicated at the outset of these affections; but when exudations into the cerebral, pleural or peritoneal cavities, or into the parenchyma of the lungs or liver, threaten or have actually taken place. Such exudations occur in the second stage of these diseases, and are always accompanied by a more marked development of the nervous symptoms. The pulse becomes more hurried, feebler, less resisting to the touch. Muttering delirium may set in; spasmodic twitchings and even convulsions may mark the beginning of the exudative process. The consciousness becomes disturbed; the breathing is more oppressed and superficial, especially if the respiratory organs are the seat of the effusion. If the exudation takes place into cavities, the region of the cavity is often distended externally. This may be the case in the region of the pleural and peritoneal cavities, and even the head may swell up under the pressure of the effused fluid. In prescribing Bryonia in the second stage of acute inflammations, Aconite or Belladonna which may have been your choice in the first stage, need not be lost sight of. It may be proper and even necessary to continue the use of either of these agents in alternation with Bryonia, either at times or more or less continually. After having said thus much, it seems almost needless to add that in acute inflammations of serous and parenchymatous tissue, Bryonia meets its principal sphere of action, and that for this reason this agent must be capable of rendering eminent services in the second or exudative stage of pneumonia, hepatitis, pleuritis and peritonitis.

In the exudative stage of these diseases the pulse becomes more hurried, more jerking and contracted, and unless absorption of the effused fluid is effected, the pulse becomes gradually weaker, emptier and compressible. In the exudative stage of pneumonia the dyspnœa becomes much more intense, and the characteristic rusty sputa supersedes the expectoration of tenacious phlegm or blood-streaked mucus. In the exudative stage of peritoneal hepatitis, the swelling in the region of the liver increases; the soreness, stinging pains and the inability to draw a long breath, are much greater; in the exudative stage of peritonitis, the bowels become tympanitic, more sensitive to pressure; and lastly, in the exudative stage of pleurisy, the side swells up, the soreness and stinging pains and the difficulty of breathing are much worse, and the cough is more wearing and exhausting.

In *Encephalitis,* this agent is recommended by Hartmann, when the inflammation threatens to pass into the exudative stage; the patients grate their teeth, and symptoms of lockjaw show themselves.

In *Diaphragmitis,* with inability to expand the chest, violent burning and shooting pains in the region of the diaphragm, Bryonia may prove useful, after or in conjunction with Aconite. The lower potencies may be preferred.

In *Hepatitis,* more particularly when of a chronic form, with stinging, tensive and burning pains in the region of the liver, which is moreover, hard and swollen, sore, Bryonia may be of service, more especially if the inflammation is of a rheumatic character, or if the peritoneal covering seems principally affected.

Bryonia may even be found useful, if the disorder is of a chronic nature at the onset, of the character of

Hepatalgia, a nervous irritation of the organ. The middle potencies will be found sufficient.

In *Peritonitis,* particularly when of a rheumatic type, with stinging and burning pains, sensitiveness of the abdomen to the touch, constipation, or even the opposite condition: tendency to diarrhœic discharges, consisting of mucus and blood, with tenesmus and griping or shooting pains, Bryonia will materially aid the process of recovery.

It is particularly in inflammatory affections of the respiratory organs, the lungs and their enveloping membrane, that Bryonia has been found eminently useful; not however in the first invasion of the disease, but after the synochal form has been subdued by Aconite. We shall find Bryonia particularly useful in

Pleuro-pneumonia, characterized by stiching pains or in

Parenchymatous pneumonia, with sero-sanguineous infiltration, dry and racking cough without much expectoration unless it is some rusty sputa. In these affections the middle potencies will be found to answer the purpose.

In *Typhoid pneumonia,* Byronia is recommended by Wurm, if the following group of symptoms prevail: Moderate vascular erethism,

the fever being mingled with chills at the onset of the attack; there is a good deal of heat in the head, the membranes of the brain being sometimes affected, with consequent inclination to sopor and delirium; bloated countenance, dryness of the tongue, difficult speech, rather hard and full pulse, oppression of the chest with tolerably easy respiration; in older persons the pains are rather of a burning nature, and are excited by cough rather than by the act of breathing; loose expectoration of a yellow, blood-streaked mucus.

Wurm likewise recommends Bryonia in

Pneumonia, when occurring as a complication of typhus abdominalis, with red hepatization of one of the lobes of the lungs, and especially if the pleuritic symptoms are prominent.

In *Bilious Pneumonia*, with rheumatic pains in the extremities, gastric symptoms, burning distress in the lungs, tearing cough, expectoration of a tenacious, bloody, greenish or yellowish matter, sallow and even jaundiced complexion, Bryonia, 3d to 6th potency, will be found an useful remedy.

In *Neglected Pneumonia*, which had been mismanaged with copious venesections, small doses of Bryonia in alternation with similar doses of Aconite may bring about a most favorable change.

Pleuritis is very favorably acted upon by Bryonia. This agent may effect a favorable change, whether the costal or pulmonary pleura is the seat of the inflammation. In the synochal stage of the inflammation, Aconite is indispensable. If it should be insufficient, and effusion should threaten to set in, or should be actually present, Bryonia will have to be resorted to. Even in mismanaged cases, where, in spite of blisters and bleeding, effusion into the pleural sac had not been prevented, Byronia, with an occasional dose of Aconite, may be found the most efficient means of effecting the absorption of the effused fluid.

We certainly may commend Byronia to your attention in

Bronchitis, both acute and chronic. The patient complains of stinging and burning pains in the air-passages; he is troubled with paroxysms of a tearing and very fatiguing cough, with expectoration of a frothy mucus which may be streaked with blood and afterwards assume a yellow color and puriform character. The cough may be excited by a titillation in the throat-pit or bronchia, and the breathing may be very much oppressed. Use the middle potencies. If the fever is high, Aconite may precede the employment of Bryonia.

In *Enteritis*, we shall find Bryonia an useful means of cure, if the patient complains of griping and cutting pains in the bowels, and a serous diarrhœa is likewise present. Bryonia seems to affect with a peculiarly destructive power the mucous lining of the larger bowels; if the inflammation is located in these organs, with violent spasmodic and lancinating tormina, discharges of blood and mucus, Byronia will be found indispensable.

Bryonia causes an inflammatory tearing pain in the region of the psoas-muscle; hence we may find this agent useful in

Psoitis, inflammation of the psoas muscle, where it should, however, be associated with Aconite.

In *Rheumatic Inflammations* Bryonia proves a great remedy. In rheumatic inflammations of the diaphragm, of the psoas-muscle, of the bronchia and lungs, of serous, fibrous and muscular tissue, and of the articulations, we find Bryonia useful. In these inflammations it is indicated by rigidity, and soreness of the parts.

In *Articular Rheumatism, acute or chronic,* it is especially indicated after effusion into the articular cavity has set in. Sometimes this effusion announces itself by distinctly-perceptible fluctuation. The joints are swollen, hard, red and very painful to pressure. The soreness may extend throughout the articular cavity, and may be accompanied by stinging or rather lancinating pains. If muscular and fibrous tissues are invaded by the rheumatic inflammation, the pains are tearing, sticking, burning and very frequently the patient complains of a keen soreness in the inflamed parts.

In *Neuralgic Rheumatism,* with stinging, creeping and burning pains, Bryonia may be indicated.

In *Arthritic Swellings of Joints,* especially of the knee and tarsal or metatarsal joints, or of single phalangeal articulations, Bryonia may be of great use. Swellings of this kind may partake of the character of Œdema. It is also in pale, tense, hot swelling of the limbs that Bryonia may be found useful.

We find that in *Scrofulous Inflammation of the Knee-joint and White Swelling of the Knee;* and in *Scrofulous Inflammation of the Hip-joint,* (*Claudicatio Spontanea, Coxarthrocace,*) especially when induced by rheumatic exposure, Bryonia may prove very useful in the progress of the disease when exudation into the cavity of the joint threatens. If rheumatic inflammation of the joints assumes the form of erysipelas, Bryonia may still be useful.

Rheumatic Inflammations may invade the eyes, ears; jaws, spine, nape of the neck, shoulders, and the various viscera of the abdominal cavity, such as the bladder and bowels. The pains to which Bryonia will be found homœopathic in these affections, are stinging, shooting, tearing and burning pains, which may be attended with great soreness of the affected parts. If the eyes and ears are the seat of the disease, there may be muco-purulent or bloody discharges, and the functional power of the affected organ is more or less interfered with. Sensitiveness to the light, buzzing or whizzing noises may trouble the patient. If the bladder is invaded, there will be more or less painful and ineffectual urging to urinate.

Should the bronchial tubes be the seat of this rheumatic irritation, the patient will be troubled with a more or less wearing and tearing cough, attended with a frothy and subsequently a muco purulent and more or less blood-streaked expectoration.

In *Rheumatic Peritonitis,* with stinging and burning pains in the region of the peritoneum, meteorism, violent chills followed by burning fever, flushed face, headache, dizziness, constipation, Bryonia will afford much relief.

In rheumatic affections to which Bryonia is homœopathic, the pain is generally made worse by motion. This is readily accounted

for by the fact that Bryonia excites inflammatory action, which is necessarily increased by moving the affected part.

Old-school physicians have used Bryonia in rheumatic inflammations, as may be seen from the following cases taken from Frank's Magazine.

A man of twenty-five years, whose general health was good, had been suffering for some time, especially in spring and fall, with *herpes furfuraceus* which came out principally on the arms, tibiæ, and thighs; at the approach of, or after a change of weather, he experienced periodical attacks of rheumatalgia, tearing pains in the head, and violent pains in decayed and sometimes in sound teeth. During a spell of rainy weather, he had been hunting and fishing a whole day, and had been resting with his right knee for some time upon a wet and cold stone. Two days after this exposure, he experienced, towards evening, a slight drawing pain in the right knee radiating towards the thigh, increasing periodically and exacerbating at night. Towards morning the knee exhibited a shining and red appearance, and was painful during motion which was somewhat impeded. Being obliged on the same day to walk about, the patient had to lie down in the evening, when the pain increased considerably in spite of frictions with a hare's skin, camphor-liniments, etc. The patient took the tincture of Bryonia, five drops every three hours. After midnight he had a quiet sleep, and toward morning the pain and swelling were much less; on the third morning he was entirely well, but he continued the medicine for a few days longer as a matter of precaution.

Another interesting case of rheumatism is that of a man of twenty-eight years, of good health generally, who had become drenched in the rain during a morning-walk, and had remained the whole day with his wet clothes on. Towards evening he experienced a laming sort of lassitude and soreness in the left lower limb. The pain was aggravated by the least motion. On the day following, motion was exceedingly painful and difficult; the pain was principally felt in the thigh and hip-joint; in the evening, the pains became stitching, and periodically aggravated; they continued even during rest. The patient had not taken any medicine for three days, when, on the third morning he took two drops of the tincture of Bryonia every three hours. Towards evening of the same day, the patient was able to move his foot without pain; he only felt exhausted and weary; next morning he was quite well.

These two cases, together with another case of apparently rheumatic inflammation of the knee, are reported in Bernhardi and Lœffler's Zeitschrift fur Erfahrungsheilkunde, (Journal for the Medicine of Experience,) an Old-School publication. From these and similar cases, we not only learn the interesting fact that the medicines which Hahnemann has been the first to subject to the crucible of physiological experimentation, begin to be used and appreciated by observers of the other side, but that these medicines may effect beautiful cures even if administered in large doses. It is questionable in my mind

whether these patients would have got well equally fast under the operation of smaller doses. And if they should not get well as fast with small as they sometimes do with large doses, would it be right to sacrifice a patient to a theory, an abstraction, or to the inveterate and unyielding habits of routine? God forbid!

ORBITAL GROUP.

Bryonia is an agent of secondary importance only in affections of the eyes. It causes a burning, smarting and itching of the eyes; it also causes redness and inflammation of the lids, with swelling, pressure, heat and nightly agglutination.

These symptoms indicate the use of Bryonia in

Rheumatic and *Arthritic Ophthalmia*, where, however, Bryonia enjoys a second-rate reputation as a curative agent; and in

Blepharophthalmia, especially in the case of scrofulous and arthritic individuals. It may likewise be adapted to the dispersion of

Inflammatory Tumors, little Boils which may sometimes develop themselves upon the lids.

AURICULAR GROUP.

Bryonia causes a buzzing, burning and stinging pain in the ears; tumors in front and behind the ear, ulceration of the concha, hardness of hearing. Hence we may use it in

Otitis, of a scrofulous character, chronic rather than acute, and in

Dysecoia, hardness of hearing; exposure to damp weather, a current of air, etc., may occasion this difficulty.

DENTAL GROUP.

Bryonia causes a tearing pain in the teeth, which is worse in warmth; the tooth feels elongated; contact causes the pain to shift from one tooth to another. A fine flashing pain through the teeth is characteristic of Bryonia. In

Rheumatic Odontalgia of this nature, especially when accompanied with otalgia, we shall find Bryonia sixth to twelfth potency useful.

CHYLO-POIËTIC GROUP.

The action of Bryonia in this direction may be considered under the following heads;

a. *Taste and Appetite.*

Bryonia causes a flat, sweetish, sickly, nauseons taste; also a foul taste; the food tastes bitter or is entirely tasteless. Before breakfast or even after a meal, the taste in the mouth is bitter.

Loss of appetite, violent thirst, desire for many things which cannot be eaten.

The changes of taste should be considered as symptomatic of some

more general gastric derangement; the fitful or strange desire for articles which are not eatable may exist in

Hysteria or during pregnancy.

b. *Eructations, nausea and vomiting.*

Sour and bitter eructations;

Nausea with ptyalism;

Empty retching, with spitting up of water and mucus, coldness of the body;

Vomiting of the ingesta;

Bitter vomiting of bile and water;

Bloody vomiting.

These symptoms are characteristic of gastric derangements generally, and may likewise occur in gastric and bilious fevers.

c. *Abnormal sensations before, during or after a meal.*

Pressure in the stomach after eating;

Contractive pain in the stomach after eating;

Cutting as with knives in the pit of the stomach;

The least pressure on the pit of the stomach is unpleasant;

Sensation of swelling in the pit of the stomach;

Pressure in the stomach when walking, after supper, with pressure on the bladder and perineum; the pressure disappears when sitting down;

Darting stitch in the pit of the stomach when stepping, particularly when making a false step.

These symptoms indicate the use of Bryonia in

Dyspepsia, with oppression of the stomach after eating, impaired appetite, bad taste or absence of taste in the mouth, nausea, retching, vomiting of mucus, and spitting up of the food. Give Bryonia third to sixth potency.

Cardialgia, with contractive pain in the stomach, flashes of heat, vomiting of the ingesta, swelling and soreness of the epigastric region.

Hahnemann relates a case of Gastrodynia which was characterised by the last-mentioned symptom, "Darting stitch in the pit of the stomach when making a wrong step." The patient was a washerwoman, and had become utterly incapacitated from work in consequence of the pain. She had been suffering for several weeks when she applied to Hahnemann for relief. One drop of the strong tincture of Bryonia cured her at once and permanently.

d. *Pains.*

Bryonia causes tearing, lancinating and spasmodic pains in the bowels. These pains are sometimes followed by an evacuation. We may find Bryonia indicated in some cases of

Colic, of a spasmodic or inflammatory nature. In the

Colic of Pregnant Females and in

Spasmodic Hysteric Colic, Bryonia may prove serviceable.

Bryonia causes sickening pains in the bowels, and a feeling as if they had been operated on by a cathartic. It causes rumbling in the bowels.

These pains may occur in a case of

Enterodynia of a rheumatic character; the attack may be accompanied by pressure upon the rectum, a sensation as if a lump were lying in the bowels, and it may terminate in a discharge from the bowels. The 1st to the 6th potency may suffice. In

Weakness of the Bowels induced by abuse of drastics, and characterized by constipation with urging, but inability to relieve the bowels, Bryonia may be found useful.

e. *Alvine Evacuations.*

Small doses of Bryonia have a tendency to constipate the bowels. Hence in

Constipation, if the stools are hard, of large size, and deficient in intestinal mucus, Bryonia, if administered in small doses, may be of great use to the patient. In a more general group of symptoms to which Bryonia is homœopathic, the existence of constipation may afford additional evidence regarding the curative adaption of this agent to the case before us. Let us not forget that a large dose of Bryonia may act as a cathartic or drastic agent, and that the acrid principle of this drug may cause bloody and mucous discharges from the bowels, attended with cutting and burning pains and with more or less urging in the lower bowels. These symptoms may indicate Bryonia in

Diarrhœa preceded by burning pains in the rectum;

Diarrhœa which it is almost impossible to retain;

Bloody diarrhœa, watery; or

Diarrhœa preceded by hard stool, and accompanied by fermentation in the bowels.

In *Dysenteric Diarrhœa*, with sickening feeling in the bowels, lancinating and tearing pain in the larger bowels, discharge of mucus and blood, Bryonia 3d to 6th potency may afford relief.

These symptoms may likewise indicate the use of Bryonia in

Cholera-infantum, if the children vomit and gag a great deal, with burning and soreness at the anus.

URINARY GROUP.

Small doses of Bryonia cause a sensation as if the urethra were too narrow; large doses cause a violent desire to urinate, with sensation, after urinating, as if the bladder had not been entirely emptied. This feeling of weakness may occur in

Paralytic-rheumatic Affections of the Bladder, especially in the case of old persons and hysteric females. It may likewise be an accompanying symptom in rheumatic irritations of the bowels with tendency to diarrhœa.

This weakness of the bladder may exist in gastric and rheumatic fevers, with red and scalding urine, or frequent discharge of a watery urine during the period of convalescence.

SEXUAL GROUP.

Large doses of Bryonia cause profuse and premature menstruation, even metrorrhagia, with discharge of dark blood, pain in the small of the back and headache. Hence we employ Bryonia in affections where this condition of the uterine secretions prevails. In

Metrorrhagia, whether symptomatic or idiopathic, and in

Premature and *Profuse* menstruation, (*Menorrhagia*) Bryonia may afford much relief, if the discharges consist of dark blood, and the patient complains of pressing and cutting pains in the bowels and pain in the small of the back.

This condition may characterize a case of

Hysteria; or it may precede a state of

Anæmia, with œdema of the extremities and bowels, preliminary to ascites or anasarca.

We find that Bryonia has caused a swelling of the labia majora, with a black, hard pimple on the swollen part. This may arise from an excessive determination of blood to the pudendum, and may more particularly occur in

Amenorrhœa, when induced by rheumatic exposure. In this form of amenorrhœa the patient may complain of pinching and uneasiness in the bowels, with more or less swelling of the hypogastric region. Or the patient may complain of cutting, burning and crampy pains in the bowels, sickness at the stomach and determination of blood to the head.

In *Mastitis*, when the breasts are gorged with milk, Bryonia may do much good; the secretion of milk is arrested, and the mammæ become hard and nodous.

Our provings state that, under the action of Bryonia, an indurated nipple became soft as formerly; stitches similar to the sensation created by electric sparks, were experienced in the nipple after the drug began to act. Hence in

Induration of the *nipples*, this agent may be of service.

CATARRHAL GROUP.

Bryonia may be useful in

Influenza (with pleuritic or pleuro-pneumonic symptoms), swelling of the nose, nose-bleed. It causes and may therefore cure

Cough with hoarseness, soreness and aching pains, tickling in the larnyx;

Dry cough, also with vomiting of food;

Spasmodic cough, also with suffocation, oppression, expectoration of blood and mucus.

THORACIC GROUP.

We have said that Bryonia is useful in pneumonia, in pulmonary congestions with oppression, soreness, stinging pains or tearing pains

when coughing; expectoration of froth, blood, serum. It has also been employed with excellent effect in

Hydrothorax, with œdema of the feet (from repercussion of an eruption); likewise in

Palpitation of the heart with anxiety; in carditis it is a subordinate remedy.

EXANTHEMATOUS GROUP.

Bryonia causes and may therefore cure a

Rash like the rash with which lying-in women and nursing infants are sometimes afflicted. It also causes a species of

Herpes furfuraceus, with burning and itching; likewise

An eruption *resembling measles*, which is brought out by rubbing and scratching the part.

In a case of measles, Bryonia may help to bring out the eruption upon the chest, if it should seem to have settled upon the lungs causing an inflammatory irritation of this organ which may speedily lead to effusion and paralysis.

Bryonia causes and may therefore cure

Erysipelas of the joints, even when attended with vesicular eruptions.

Bryonia seems to act upon

Scrofulous Ulcers, which smart and sting under the action of Bryonia; the ichor from the ulcer stains the linen black; the ulcer feels cold and becomes painful as from the contact with cold air.

Bryonia may likewise cause and has been used with more or less advantage in

Ascites and *Anasarca*, when arising from retrocession of the perspiration, of an acute rash, from liver-complaint metastasis of inflammatory rheumatic action. Give Bryonia from the 3d to the 6th potency.

Bryonia causes a yellow color of the skin. Guided by this symptom, we may administer it in

Jaundice, where it may be found useful if the attack was caused by a fit of angry passion, disappointment; or if the attack seems to arise from liver-complaint, partial induration, chronic hepatitis, with soreness, heat, stinging pains and swelling in the region of the liver. The gastric symptoms should likewise correspond with the physiological action of this drug. Give from the 3d to the 12th potency.

FEVER-GROUP.

Upon examining the symptoms which characterize the action of Bryonia as a fever-exciting agent, we shall discover an absence of those signs which characterize the action of Aconite. There is no violent chill, only some chilly creepings, coldness of the skin, followed by irregular flashes of heat: the heat is either felt internally or externally, or both at the same time; it is generally a burning

and dry heat, with thirst, and discharge of a red-looking urine burning heat in the blood-vessels; heat in the lower limbs as if they were plunged in hot water, heat in the head and on the face, with redness of the cheeks; the heat is followed by sweat, attended with anxiety; or profuse sweat, particularly in the morning or at night.

The character of these phenomena seems to preclude the propriety of administering Bryonia in simple inflammatory fevers of a purely synochal character, or in all simple fevers where the phenomena which make up the typical paroxysm, succeed each other in regular order. It is in sthenic fevers where the nervous system shows a tendency to become profoundly shaken, where the paroxysms incline to irregularity and a sort of torpor characterizes the vital reaction, that Bryonia is more especially applicable, provided the symptoms generally justify its use. With these preliminary explanations we may recommend this agent in

Gastric fevers, where symptoms of gastric derangement constitute predominant indications, a foul gray coating on the tongue: unpleasant taste in the mouth, thirst, anorexia, flushed cheeks, constipation, heat in the bowels, sensation as if the bowels were acted upon by cathartic medicine, highly-colored urine.

Bilious fever, with yellow or brown coating on the tongue, nausea, vomiting of bile, sensitiveness and bloating of the epigastric region, distention of the bowels, constipation, sallow complexion, throbbing pain and heat in the head, occasional flashes of heat preceded by chilliness.

Mucous fevers, with whitish-yellow and tenacious coating on the tongue, stitches darting through the body, chilliness followed by burning heat, flushed face, soreness of the flesh, or

Rheumatic fevers, with tearing and drawing pains in the joints, swelling of joints or muscles, weariness, creeping chills, whitish coating on the tongue, constipation, deep-colored urine. In these fevers the 3d to the 6th potency may be administered.

In *Typhus*, Bryonia has been given with distinguished effect by homœopathic physicians.

In the destructive hospital-typhus which prevailed in the year 1814, Hahnemann employed with never-failing success Bryonia and Rhus toxicodendron, giving sometimes one and at times the other remedy accordingly as a change in the symptoms indicated the necessity of changing the remedy. If the patient complained of dizziness, shooting or jerking-tearing pains in the head, throat, chest, abdomen, etc; which were felt particularly on moving the part, in addition to the other symptoms, the hæmorrhages, the vomiting, the heat, the thirst, the nocturnal restlessness, etc., Bryonia was exhibited. But if the shooting pains increased in violence, were particularly felt during rest, if the prostration and anorexia became more intense, if the patient was troubled with a harassing cough, or such a debility as to threaten paralysis, Rhus tox. was given instead of Bryonia.

In *Typhus versatilis*, with headache, unsteady and wild looks, indistinct speech, violent delirium, desire to escape, sleeplessness, violent fever, quick and soft pulse, viscid sweats, tremor of the hands, difficulty of swallowing, Bryonia has been found useful. This agent

will be found particularly adapted to typhus having a rheumatic character, epidemic typhus of the nature described by Hahnemann, and abdominal typhus with predominance of gastric symptoms, very foul and sore tongue, purulent diarrhœa followed or preceded by constipation and tympanitic distention of the bowels, miliaria. We would recommend the middle potencies as the most efficient for curative purposes in these different forms of typhus. Nor is it necessary to repeat the dose oftener than once every four or six hours.

In the first stage of
Puerperal fever, when the bowels are constipated and distended, the patient complains of great soreness and shooting stitches and prickings in the region of the peritoneum; the face is suffused with redness, glowing; slight chills followed by, or alternating with violent flashes of heat through the body; sensitiveness to pressure in the region of the ovaries; loathing of food, thick, yellowish coating on the tongue; cessation of the lochial discharge, scanty and foul-smelling urine: Bryonia should not be lost sight of.

The appearance of miliaria or petechial effusions does not counter-indicate Bryonia in malignant typhoid fever.

Byronia may likewise develop petechiæ such as may be seen in
Purpura Hæmorrhagica; it may therefore be employed in this disease with some chances of success, provided the accompanying vascular, gastric and nervous symptoms justify its use.

SLEEP.

Bryonia disturbs the sleep by exciting annoying dreams about one's affairs; dreams full of quarrel; startings during sleep, visions of frightful scenes and objects crowding upon the fancy while the body is hot and covered with sweat.

These symptoms show that in conditions of the system where the vascular and nervous functions are powerfully irritated by disease, particularly in the various inflammatory fevers to which Bryonia is homœopathic, this agent must often be capable of affording help.

MENTAL GROUP.

Bryonia depresses the spirits, causes irritability of temper, vanishing of ideas, delirious talk, with desire to get away from bed, hurried speech; he fancies that he is among strangers and wants to get home.

These symptoms are not very important in themselves; but they may complete a group of phenomena such as may occur in various fevers, and other derangements for which Bryonia has been recommended. An irritable temper, and a gloomy, hypochondriac depression of spirits, are characteristic of Bryonia and of a few other drugs.

LECTURE XXVI.

MATRICARIA CHAMOMILLA,

(*Chamomile Flower.*)

The name of this flower is derived from the Greek word *chamai* (low), and from the Latin word *matrix* (womb.) It belongs to the Natural Order: Synanthereæ. It acts principally upon the biliary system and upon the uterine apparatus. This drug seems particularly suitable to children, to whom it is given, in Germany at least, without rhyme or reason.

This substance is not a poisonous agent, and we will therefore at once proceed to describe the various categories of symptoms which careful provings have established as the therapeutic range of this drug. Before doing so, however, it may not be amiss to relate one or two of the more modern provings of Chamomile, where the physiological action of this drug is depicted in striking and very accurate characters.

Five members of the Vienna Provers' Union took the extract of Chamomilla in doses of from two to twenty-four grains daily, beginning with two grains and increasing by two grains every day, until the number of grains amounted to twenty-four. Most of the provers experienced the following symptoms: Bitter, aromatic taste, eructations, oppression of the stomach, nausea, loathing, desire to vomit, pinching in the bowels, diminished appetite, costiveness, flatulence, yawning, hiccough, coated tongue, accelerated pulse, palpitation of the heart, increased feeling of warmth, thirst, dullness of the head, rush of blood to the head, headache, languor, irritable temper, restless sleep.

Dr. Schneller took one hundred and fifty-six grains of the extract of Chamomilla in twelve days, in the month of September, 1844.

Not till he took from eight to fourteen grains at a dose, did he experience the following symptoms: Nauseous taste; slight *palpitation of the heart,* soon after taking the drug; in the evening, evanescent stitches in the region of the fifth rib, on the right side in front, lasting a short time and worse during a deep inspiration. After taking *twelve grains,* he felt *slight stitches in the præcordial region, decrease of appetite, warmth and dullness about the head.* After taking from sixteen to twenty grains, these symptoms were overshadowed by the symptoms of disturbed digestion, such as: *oppression of the stomach, emission of flatulence upwards and downwards; yellowish coating of the tongue; diminished appetite; accelerated pulse; increase of warmth throughout the body, gloomy, irritable disposition.* The last two doses of twenty-two and twenty-four grains respectively again caused: shooting stitches in the præcordial region, the stitches darting at times towards the right, at others towards the left side, down the lower extremities, as far as the dorsum of the foot and the tarsal joint, then

shifting upwards to the right shoulder or hip, or to the left half of the head *like a stiching or drawing pain.* The symptoms of digestive derangement increased; *loathing, retention of stool, palpitation of the heart, accelerated pulse,* and irritable disposition. These symptoms continued even a few days after he had discontinued taking the drug.

According to Schneller these symptoms seem to show "that Chamomilla affects primarily the nervous system. The symptoms of gastric derangement show that it affects the pneumogastric nerve; the pain in the region of the shoulder points to the sentient branches of the axillary plexus as its chief focus of action; the pain in the hip and down the tibia seems to show that the sciatic and tibial nerves are irritated by this drug. The frontal nerve likewise is involved in the present group of symptoms."

The increased action of the heart might be accounted for upon the ground of sympathetic irritation; but we shall presently see that Chamomilla irritates the pneumo-gastric nerve in its whole extent, not only the gastric, but also the pulmonary branch, causing constriction of the lungs, soreness, tearing and stitching pains in the lungs, oppression and a violent, racking cough. The cardiac branch of the pneumo-gastric nerve does not escape the depressing action of Chamomile, against which the heart reacts by increased palpitation.

It is doubtful whether, in a case where Chamomilla is indicated, these symptoms ever exist separately from bilious derangement. The sensation of increased warmth which accompanies these symptoms, the acceleration of the pulse, the flushes and heat of the face and head, seem to depend upon a disturbed condition of the secretory organs of the biliary apparatus, and it does not seem improbable that the general constitutional symptoms, pains and congestions which Chamomilla is capable of exciting, depend, to some extent at least, upon a derangement of the biliary secretions.

CEPHALIC GROUP.

According to Schœnlein, Chamomile causes a peculiar form of rheumatalgia resembling rheumatic cephalalgia; hence we may use it for

Rheumatic Hemicrania, with tearing, dragging, maddening pains, for these pains characterize the action of Chamomilla. We may also employ it in

Bilious headaches when the pain is an oppressive, stupefying, stitching and burning distress, with vomiting of bile, sallow complexion, heavy load and anxiety in the pit of the stomach.

Nervous headaches, with violent throbbing in one side of the head, flashes of heat, irritable mood, stinging pains as though the eyes should fall out, the brain feels sore as if bruised.

In these different forms of headache, the best dose is from the 6th to the 12th potency.

NERVOUS GROUP.

Chamomilla has been used with success as a remedy for

Convulsions, more particularly the convulsions of children, when arising from teething, anger, pain in the bowels. It is only in sympathetic convulsions of this character that Chamomilla is of any use. In

Neuralgic affections, when the pains are of a tearing, dragging and lancing character, Chamomilla may likewise be of great service. These pains may be excited by rheumatic exposure. The sensibility of the affected part is generally altered. Hahnemann remarks that the Chamomilla-pains are very frequently characterized by a sense of numbness, more especially, however, after the violence of the pain begins to subside.

In *Ischias nervosa*, these pains may be present. The sciatic nerve is not unfrequently subject to this kind of suffering.

ORBITAL GROUP.

Chamomilla affects the sense of vision sympathetically rather than by its direct action upon the organ of vision. The primary action of Chamomilla seems to be upon the functions of the biliary apparatus, its irritating action upon the eyes constitutes a secondary or sympathetic disturbance resulting from that primary derangement of the biliary functions. This view explains to us very readily the fact that Chamomilla causes amaurotic symptoms such as:

Sensation of fire and heat flashing out of the eyes;

Luminous vibrations before the eyes;

Obscuration of sight;

A ray of light is seen from the candle to the eye.

If these symptoms occur as natural conditions, we shall most probably find them associated with, or rather depending upon biliary derangements which likewise require Chamomile as their specific remedy.

Chamomile has caused, and will therefore cure,

Hæmorrhage from the eyes of little children in consequence of violent crying (weeping.)

Blepharospasmus, twitching or spasms of the eyelids, may yield to Chamomilla, if accompanied by the previously-mentioned symptoms of irritation of the retina.

Homœopathic physicians frequently recommend this agent for the *Catarrhal conjunctivitis* of new-born children, with photophobia, redness, agglutination of the lids, irritable temper.

AURICULAR GROUP.

Chamomilla causes dragging and tearing pains in the ears, and may therefore be recommended for

Otalgia, where these pains prevail, with buzzing and ringing in the ears, especially in the case of scrofulous children.

FACIAL GROUP.

Chamomilla causes a scurfy ulceration of the lips; cracks in the middle of the lower lip; ulceration of the lower nostrils.

These symptoms may occur in the case of scrofulous children, in consequence of a cold, teething, etc. We may designate this condition as a form of

Coryza and *Rhagades*, of a catarrhal, ulcerous nature. The middle potencies of Chamomile may remove it.

DENTAL GROUP.

Chamomilla causes and will therefore cure a

Rheumatic Toothache, the pain being tearing, stitching and boring, with swelling of the cheeks; the teeth feel as if elongated; the pain is much worse at night, which is characteristic of the pains caused by Chamomile. It also causes

Toothache as if the nerve were *scraped*.

We employ Chamomile as an excellent remedy in

Difficult dentition, when one of the cheeks is red and hot, the gums are swollen, very sensitive, the child is very irritable and threatened with convulsions.

CHYLO-POIËTIC GROUP.

Chamomilla causes a variety of characteristic sensations in the chylo-poiëtic organs, more particularly in the organs which seem more immediately concerned in the process of chylification. It affects the taste, appetite, the character of the gastric secretion, develops a variety of pains, and alters the color, smell and consistence of the alvine secretions. Among these signs of abnormal action we may enumerate more particularly the following symptoms:

Foul, bitter, slimy, sour taste;

Loss of appetite; empty eructations and regurgitation of food;

Nausea after eating; nausea with confluence of saliva;

Sour vomiting;

Distressing nausea with sense of fulness of the abdomen, followed by vomiting;

Flatulent distention after eating;

Tensive pain under the ribs, with tension in the head and dry catarrh on the chest;

Cutting-burning pains from the stomach to the umbilicus, with shortness of breath and pale face.

Let us consider the value of these symptoms from the stand-point of pathology.

The marked alterations of the taste caused by Chamomilla may occur in *bilious fever* to which we shall call your attention by and by; in *bilious attacks* caused by anger or exposure; in various forms of

Dyspepsia and *Gastralgia;* a sensation of agonizing pressure in the epigastric region, with sudden stitches flashing through this region, hard and burning distress, sallow complexion, yellow coating on the tongue, dry and foul taste in the mouth, nausea and perhaps vomiting of bile, characterize this condition, if Chamomile is homœopathic to it.

The sensation as if the bowels would press through the inguinal rings, may lead us to use Chamomile in the

Inguinal Hernia of children, more especially if it is caused by violent and incessant crying and fretting.

An affection which is vulgarly designated by the term

Liver-grown, and which is in reality a

Subacute *Congestion of the liver*, may be benefited by Chamomilla if a fit of anger is the cause of it. The region of the liver is bloated, very sensitive to pressure, the children are feverish, cry and fret a good deal, the bowels are bound and they have great difficulty in passing urine. Although Chamomilla is very commonly administered for this affection, yet we infinitely prefer Aconite, especially if the trouble arises from rheumatic exposure as it most generally does.

In *Flatulent* and *Bilious Colic* Chamomilla is a great remedy, if the pain is a spasmodic, pinching and twisting pain, the patient looks sallow, the bowels are distended, feel excessively sore, and are constipated; the patient complains of nausea, retching, foul taste and yellow-coated tongue. Even the middle potencies of the medicine may afford prompt relief.

Chamomilla is eminently useful in the

Diarrhœa of children, when resulting from a cold or from teething, be it

Catarrhal or *Bilious*, when the discharges are preceded by pinching or cutting pains in the bowels; watery, slimy, green or yellow, having a foul smell and excoriating the anus; the 3d to 6th potency may be given. In the bilious diarrhœa of children, when the discharges have a sour smell, Chamomilla is excellent.

In *Constipation* this agent may prove useful, if the accompanying symptoms indicate its use. The bowels are distended, the mouth is sticky, dry, with foul taste and bilious coating on the tongue. The constipation may have been preceded by bilious diarrhœa, or it may be symptomatic of bilious fever.

URINARY GROUP.

Chamomilla causes emission of urine with anxiety; involuntary emission of urine; stinging pains in the neck of the bladder between the acts of urinating; burning at the neck of the bladder.

These symptoms may be present as component parts of a group denoting bilious derangement.

Involuntary emission of urine is very apt to occur in the case of children who are troubled with irritation at the anus or in the rectum, and who are subject to sudden and uncontrollable urgings to urinate. These involuntary discharges generally take place at night, during sleep; we designate them technically as

Enuresis nocturna, the urine looking straw-colored, watery.

If children fret previous to the act of urinating, if they seem uneasy and anxious, affected with a species of

Dysuria, we may give Chamomilla, and if this medicine seems insufficient, Aconite.

SEXUAL GROUP.

The action of Chamomilla upon the sexual organs of the male is not characterized by any very marked symptoms.

Chamomilla seems to excite the sexual instinct, causing nocturnal emissions. In a case of

Nocturnal Emissions, with sexual excitement, frequent desire to urinate, this agent may prove of service.

Its action upon the female sexual system is much more marked. In this direction we may note the following symptoms which we find recorded among our provings:

Pressing towards the uterus like labor-pains, with frequent urging to urinate;

Labor-pains with discharge of black coagula, tearing pains in the veins of the legs;

Griping pains in the uterus, with discharge of coagula;

Suppression of the menses, with swelling of the pit of stomach, and painful pressure in this region, dropsical distention of the abdomen, labor-like pains;

Cutting pains previous to the menses;

Metrorrhagic discharge of blood.

These physiological effects of Chamomile lead us to use it in

Amenorrhœa, with swelling and pressure in the epigastric region, distention of the bowels, pressing towards the uterus, as if the menses would make their appearance. This suppression may be consequent upon a fit of anger or it may result from a cold.

In *Dysmenorrhœa*, with discharge of coagula, griping pains in the uterus preceding the expulsion of the coagula, sickness at the stomach or even vomiting and retching, Chamomilla may be useful.

This agent is even used with occasional advantage in

Metrorrhagia, the blood looking dark and having a strong, offensive odor, with violent pressing pains in the hypogastric region.

A healthy, sensitive, pregnant woman of rigid fibre, took five drops of *Oleum æthereum Chamomillæ*. They caused: confusion of mind, passing twitchings of the limbs, eyelids, etc.; pains resembling labor-pains, but more troublesome and continuing for several days, and a sort of hysteric movement above the umbilicus, together with increased cramps in the calves.

This effect of Chomomile upon the impregnated womb may suggest the use of this agent in

Spurious or Spasmodic Labor-pains which may occur during pregnancy, and are sometimes exceedingly annoying and exhausting; they may be accompanied with cramp-pains in the calves, frequent urging to urinate. A very small dose should be given.

The cramps in the calves may suggest the use of Chamomile as a means of relief in

Cramps from Varicose Veins and cramps in the calves, to which pregnant females are frequently subject.

CATARRHAL AND RESPIRATORY GROUPS.

Chamomilla affects the respiratory mucous lining in a variety of ways. Among the symptoms which constitute prominent indications in this direction, the following deserve special attention:

Cough with titillation, also with phlegm in the air-passages: at night it becomes suffocative;

Sudden stitches in the pit of the stomach, arresting the breathing;

Constriction across the chest, soreness and cough; sometimes the oppressive constriction affects the stomach like heartburn, and then shifts to the back and then terminates as a burning pain:

Stitches darting from the abdomen to the chest, as if caused by flatulence.

Guided by these symptoms we find Chamomile useful in

Coryza, dry or fluent, with sore eyes, discharge of mucus from the nose and soreness of the nostrils.

Catarrhal Hoarseness, with a good deal of phlegm in the throat, tickling in the throat-pit, tendency to suffocative cough.

Cough which comes in paroxysms, with suffocative constriction across the chest; the cough is excited by tickling in the air-passages and deprives one of breath. These paroxysms of suffocative cough may occur after measles, during teething or during the first stage of whooping-cough. We would therefore commend Chamomilla to your attention in the spasmodic stage of

Whooping-cough, or in any form of spasmodic cough of an epidemic nature, more particularly when it seems evident that the spasmodic stricture of the chest is owing to the irritating agency of bile, as evidenced by accompanying derangements of the biliary system. The stricture may shift to the epigastric-region in the shape of a burning pressure and distress.

FEVER-GROUP.

The fever which Chamomilla is capable of exciting, is characterized by nightly exacerbations, chilliness increased by raising the cover; partial sweats, redness of one cheek.

The symptoms may occur in

Catarrhal and *Rheumatic Fevers*, more particularly in the latter class, where rheumatic pains are present, such as: pressure in the ligaments and periosteum, resembling a drawing and tearing pain; laming pains with numbness of the parts, soreness of the joints, excessive weariness, nightly exacerbation of the pains.

In *Bilious Fevers*, Chamomilla is indispensable, if the attack is brought on by a violent fit of anger; the symptoms constitute a bilious attack rather than a paroxysm of fever. Hahnemann sums them up as follows in a foot-note: heat in the face, unquenchable thirst, bilious taste in the mouth, sick stomach, anxiety, restlessness, etc.

In *Milk-fever*, Chamomilla may be useful, if the secretion of milk had been interfered with by a fit of anger, or if the quantity of the milk had been altered by a similar cause.

In *Dentition-fever*, Chamomile may be useful, if the children fret a good deal, are restless, one cheek is burning-hot while the other is cold.

EXANTHEMATOUS GROUP.

Among the recorded provings of Chamomile we may note the following symptom:

"Hardness of the mammary glands."

This symptom may indicate Chamomile as a remedy for

Swelling, Induration and *Ulceration* of the nipples of infants; for

Hardness of the breasts, when caused by an exuberant secretion of milk in the case of lying-in women, and insufficient secretion of this fluid, Chamomilla may likewise prove useful.

Another symptom of importance is the following: "Labor-like pains, with frequent discharge of coagula, and tearing pains in the veins of the legs."

This symptom suggests the use of Chamomile, as has already been stated in a previous paragraph, for

Varicose Veins, when the patient suffers a good deal with tearing, crampy pains in these vessels.

Chamomile has likewise been used with advantage in the rash of children which is apt to break out in the face, a species of

Miliaria, when accompanied by watery, greenish diarrhœa, or appearing and disappearing in alternation with this derangement. Aconite should not be lost sight of in this affection.

Purpura miliaris, when the eruption is slow in coming out, and the children feel anxious, toss about.

Intertrigo infantum, cracking of the epidermis, inflammatory redness underneath, with oozing out of a yellowish serum.

Ulcers, with burning and stinging pains; they are very sensitive.

Ulcers secreting a bad pus, scrofulous, phagedenic, scorbutic.

Frank's Magazine gives us the reports of several cases, where the curative virtues of Chamomile in the treatment of ulcers are strikingly exhibited. If we remember that Chamomile interferes with the bilious secretions, causing a stagnation and accumulation of the yellow constituents of the bile in various parts, we cannot fail to understand that, if these bilious stagnations take place in exposed parts, where the atmospheric oxygen can act upon them, ulceration must be the unavoidable consequence. These ulcers have a bilious appearance and secrete a bilious-looking pus.

Chamomile cures these ulcers by restoring the regularity of the secretory functions of the liver. We may even go a step further and say that it effects this restoration by neutralizing or extinguishing the morbific principle which embarrasses the supply of functional power upon which the normal elimination of the bilious constituents depends.

Chamomile has even been used by Old-School physicians for the reatment of ulcers. They have used it in much larger doses than

homœopathic physicians would do; but the homœopathicity of the drug to the pathological condition is none the less true. We extract the following interesting cases from Frank's Magazine.

Scirrhus Ulceration.

A woman of twenty-two years was attacked with ulcers of the breast arising from indurated milk. Close to the nipple, there were three openings with raised, callous edges, which bled from the least contact. The thin ichor was mixed with blood, acrid, fetid and corroding the sound skin. Three hard nodes might be distinctly felt in the breast which had the appearance of being excavated or hollowed out. Moreover her whole body was covered with an eruption, which gave to the other mamma the appearance of being covered with a thick crust. From beneath this crust a corrosive ichor was constantly oozing out. The patient had hectic fever, frequent attacks of distressing headache, flashes of heat, loss of appetite, red but not coated tongue, restless sleep, morning-sweats. This condition had been going on for six months. After the internal and external use of Chamomile, a complete change for the better soon set in. To act upon the eruption, Sulphur and Antimonium crudum were resorted to. The cure was completed in five weeks.

Inveterate Ulcer.

A man of sixty years, had been afflicted for more than six years with an open ulcer on the inside of the right foot, below the calf, for which all sorts of remedies had been employed in vain. At times it increased, at others it diminished in size. When it was first seen by Dr. Collenbusch who reports this case, it was four inches long, by one inch and three quarters wide; it secreted a profuse quantity of an acrid, fetid ichor; the edges and base of the ulcer were whitish, the surrounding parts looked dark-red, as did nearly the whole foot. The patient was much relieved by a simple roller bandage, but as soon as it was left off, the ulcer resumed its former appearance. He took two drachms of the extract of Chamomile internally every day. After using this medicine for a fortnight, the patient felt invigorated, and more warmth in the formerly cold foot; the ichorous secretion changed to a mild, glutinous pus; the dark color of the surrounding parts became brighter, and finally assumed a rose-colored appearance. The bandage was now left off, instead of which a compress moistened with the same Chamomile-solution was applied.

After continuing this treatment for eight weeks, the sore had dwindled down to the size of half an inch; the patient looked like a new man. Some gelatinous granulations had grown up along the edges; under an antiphlogistic regimen the cure was completed within twenty-six days after this period.

Ulcus glandulosum putridum.

Another interesting cure is reported by Dr. Conrad. A woman of sixty-eight had an inflammatory tumor in the groin. After

poulticing it for two days, two openings formed, one of which was three inches long and one inch wide, extending beneath Poupart's ligament; and the other about the size of a man's hand from the linea alba to the spinous process of the ischium. The abscess was undoubtedly seated upon the peritoneum; a number of indurated and suppurating inguinal glands might be seen; in the former opening the large blood-vessels were all exposed, and a probe might be inserted very far upwards into the abdominal cavity. The interior of the ulcer had an ash-gray color, and secreted a greenish, grayish ichor; it seemed to be filled with a number of detached shreds and spread an abominable odor. The ulcer was washed out with a watery infusion of Chamomile, and a compress moistened with the same was applied externally. The patient was unwilling to take anything internally. She had a violent fever, a very small, rapid and feeble pulse, and was very much reduced in strength. She very speedily began to improve, and in five weeks the ulcer was entirely healed. The constitutional symptoms all disappeared, and at the time when this case was reported, a year after the cure, the patient continued to enjoy perfect health.

Among the positive provings of Chamomile there is one symptom which shows that this agent tends to develop an ulcerative process upon the skin. The record is as follows: "The skin becomes unhealthy; every injury develops a sore, an ulcer."

SLEEP.

Small doses of Chamomile cause drowsiness; the more intense or violent action of this drug induces a sort of wakefulness at night, with paroxysms of anxiety, visions, incoherent talking; moaning and starting up during sleep, with anxious and quarrelsome dreams.

These effects of the drug may be observed during an attack of fever, or they may occur as elements of a more general pathological group with which Chamomile is in homœopathic curative relations.

MENTAL GROUP.

Chamomilla causes restlessness, irritability of temper, anxiety which may be accompanied with flashes of heat and occasional attacks of palpitation of the heart.

These symptoms are only of importance in so far as their presence may confirm or complete the homœopathicity of Chamomile to the various pathological disorders which we have enumerated in previous paragraphs.

DOSE.

I have given you sufficient hints concerning the most suitable dose of Chamomile in the various affections to which it is homœopathic, to be allowed the privilege of brevity in this paragraph. As a general rule you will find the 6th to the 18th potency of Chamomile sufficient for all practical purposes, even in acute attacks; my experience has uniformly taught me that the middle potencies of this drug are superior to the lower. Exceptions may nevertheless occur.

LECTURE XXVII.

CINCHONA OFFICINALIS,

(*China, Peruvian Bark.*)

THIS celebrated plant belongs to the natural order of the Rubiaceæ. Up to the middle of the seventeenth century, the medicinal properties of this plant seem to have remained unknown. The name Cinchona is derived from that of the Countess *El-Chinchon*, wife of the then vice-King of Peru. This lady is said to have had an attack of fever and ague, and was cured by taking bark. She gave it to the Jesuits who distributed it among the poor afflicted with the fever. Hence it was named *pulvis patrum*, powder of the fathers. It was also named *powder of the Countess*, in honor of the Countess El-Chinchon. The Jesuits of Peru sent some of the powder to Cardinal Lugo, the General of their Order. Hence it derived the name of Cardinal's powder.

Trousseau and Pidoux furnish an interesting historical sketch of the gradual incorporation of China into the Materia Medica of the Old-School. We are informed in this sketch that Joseph de Jussieu, brother of Anthony and Bernard, was sent to America in the year 1635, for the purpose of studying the natural history of this continent and sending American plants to the Royal Botanical Garden. He found that the Indians in the neighborhood of the village of Malacotos were acquainted with the febrifuge properties of the bark. They called it Yara-Chucchu, Cava-Chucchu, Yara meaning tree, and Cava bark; Chucchu means: shuddering, shivering, as if they had intended to convey the idea: Intermittent fever-tree, bitter bark. In 1660, bark was extensively known in England and strongly recommended by Sydenham. In 1679, an English empiric Talbot (his name is also spelt Talpor or Talboth) cured Louis XIV. of fever and ague by means of a secret remedy which proved to be bark. The king purchased his secret for sixteen hundred pound sterling, and an annual pension of eighty pounds. At that period, bark was sold at the rate of five pound sterling an ounce.

The bark is found in Peru, Bolivia, in the neighborhood of Loxa, in the forest of Huanco, near Santa Fé de Bogota. The trees are first cut down and afterwards stripped. Great care is used in drying the bark, in order to preserve the internal brightness and the lichens attached to the epidermis.

Of the crown or Loxa bark very little is now in the market. This bark always comes to us in quills distinguished by tints of grey inclining to liver-brown, and marked by longitudinal furrows and transverse fissures. The lichens which are attached to it, give it the appearance of silver filagree. The yellow bark or Calisaya which is the variety now principally used, comes to us partly in quills and partly in flat pieces.

We obtain three alkaloids from the bark: Quina, Quinodina and Cinchonia. From these alkaloids we obtain salts by combining them with acids. We have sulphates, tannates, ferrocyanates, phosphates, valerianates, etc., and also an arsenite of quina. The salt which is chiefly used in medicine, is the Sulphate of Quina or Quinine.

We prepare an alcoholic tincture from the bark, having a bitter taste and a fine deep-red blood-color. We also use a watery decoction of the bark. In order to make this as energetic as possible, it is best to add a little dilute sulphuric acid which dissolves the otherwise insoluble cinchona, and, together with the Quinine, forms a very powerful salt. In the course of these lectures on China, we shall relate several cases of cure, where the decoction was used.

According to Old-School experience, bark is a tonic; it is one of the leading amara or bitter medicines, and this bitter principle is supposed to be endowed with tonic properties. Sundelin, one of the great lights of the allœopathic school, now shining as a star of the first magnitude, describes the strengthening virtues of Peruvian bark, in the following words: (I translate from his exceedingly brilliant manual of special therapeutics): "The general operation of Cinchona bark consists in the increase and exaltation of the tone of the irritable fibres and of the fibres of the vessels; hence by its use the pulse becomes fuller, stronger and regular, and the muscular power increased; also in the general augmentation of the cohesion of the organic mass; hence it counteracts a tendency to liquefaction and disintegration, diminishes profuse secretions which proceed from atony of the extremities of the vessels and of the secreting surfaces and organs, and it improves generally the crasis or combination of the vital constituents in the tissues or blood; and lastly it consists in the augmentation of the vital energy of the sensible system. By the last mentioned property it restores sensibility, when defective or abnormally increased, and it restores the reactive faculty of the nervous system to its normal condition, and augments the influence of this system on the muscular fibre and on the reproductive system."

This statement expresses the opinions entertained by Old-School pathologists concerning the therapeutic power of Cinchona bark, with comprehensive and graphic accuracy. Can we, as homœopathic physicians, accept such a definition? Can we unhesitatingly and unqualifiedly subscribe to the sweeping generalization that Cinchona bark is a tonic? Bark is undoubtedly a tonic in a certain sense; it is possessed of stimulating properties which a physician may avail himself of for the purpose of rousing the sinking reaction of the vital forces; but it is utterly false to assert in an indiscriminate manner that Cinchona bark is a tonic under all circumstances. It acts as a tonic upon the organism when the vital power had been impaired by excessive loss of animal fluids, loss of blood, of milk, of the seminal fluid. Give a small dose of Cinchona, say a drop of the 12th or 18th potency, to organisms that had been thus drained, and you will impart a new impetus to the prostrated vitality of the system.

Why is this? Simply because excessive depletions, excessive nursing, flooding, give rise to conditions that are exactly similar to such alterations of the vital fluids as Cinchona bark is capable of developing. In order that Cinchona bark may exercise its beneficial effects as a curative agent, it must be homœopathic to the affection for which it is given. If it produces such brilliant results in the treatment of fever and ague, it is because it is capable of affecting the animal economy, while in a normal state, in a similar manner. The curative virtues of Quinine in fever and ague have been a puzzle to Old-School therapeutists, even to the most distinguished among them. Pereira designates the relation existing between Cinchona bark and ague as mysterious and incomprehensible. After mentioning a number of conditions where Cinchona may be administered with advantage, he continues: "Hitherto I have referred to those indications only which have an obvious relation to the known physiological effects of Cinchona. But the diseases in which this remedy manifests the greatest therapeutic power, are those which assume an intermittent or periodical type. Now, in such, the methodus medendi is quite inexplicable; and, therefore, the remedy has been called a specific, an antiperiodic, a febrifuge. But the more intimately we become acquainted with the pathology of disease, and the operation of medicines, the less evidence have we of the specific influence of particular medicines over particular maladies. Some diseases, however, are exceedingly obscure; their seat or nature, and the condition of system under which they occur, or the cause of their occurrence being little known. There are also many medicines, the precise action of which is imperfectly understood, but which evidently exercises a most important, though to us quite inexplicable, influence over the system. Now, it sometimes happens that imperfectly known diseases are most remarkably influenced by remedies, the agency of which we cannot comprehend; in other words we can trace no known relation between the physiological effects of the remedy and its therapeutic influences. This incomprehensible relation exists between Arsenic and lepra, between the Cinchona-bark and ague. But, though this connection is to us mysterious (for I do not admit the various hypotheses which have been formed to account for it), we are not to conclude that it is necessarily more intimate than that which exists in ordinary cases."

Gentlemen, I do not envy the feelings of a man like Pereira who, after years of patient labor in amassing a boundless wealth of pharmacological science, comes to the saddening conclusion that this very wealth simply begets a conviction in the mind that our efforts to establish some definite relation between medicine and disease are utterly hopeless. We peruse his elaborate treatise on Materia Medica and Therapeutics, and, in the midst of an almost inexhaustible mine of toxicological, pharmaco-dynamic and physiological facts we do not meet with a single principle to guide us in the elaboration of these crude materials, and in their scientific adaptation to the treatment of disease. The most desolating empiricism seems to be the banner under which Pereira marshals his battalions of oint-

ments, extracts, and decoctions. The only doctrine which might have furnished a solid and indestructible basis to his therapeutic edifice, is declared by him the offspring of a wild and absurd fancy. I do not wonder that on his death-bed this distinguished author declared him a wise man who should discard all medicine and leave the business of curing to Nature alone.

Is it true that there is no definite relation between medicine and disease? Is it to be supposed that in the living harmony of things, the nature and uses of drugs should be governed by chance and unphilosophical routine? The stars speak to us of harmony; the phenomena of chemistry depend upon definite laws; the movements and instincts of the brute creation are regulated in a most orderly manner, and the physiological functions of the human organism constitute an harmonious play of beautifully co-ordinated forces; but woe unto man, if sickness strikes him down; then he steps out of this marvellous system of light and beauty into the night of chaos and chance; then man is no longer made in the image and likeness of his Maker who is himself the supreme type of order; then, when he is most in need of help, God casts him away upon the dreary and desolate shores of empiricism and chance, a victim to the proud, and pitiless dogmatism of the therapeutic theory which happens to be for the time being, the idol of a besotted crowd. Can this be so, friends? If our children are sick, do we not nurse them all the more tenderly? And why should not our heavenly Father do the same to us? "Consider the ravens; for they neither sow nor reap; which neither have store-house nor barn; and God feedeth them. How much more are ye better than the fowls?"

And again: "Consider the lilies how they grow: they toil not, neither do they spin, and yet I say unto you that Solomon in all his glory was not arrayed like one of these."

"If then God so clothe the grass, which is to-day in the field and to-morrow is cast into the oven; how much more will he clothe you, oh ye of little faith?"

We are taught in these heavenly accents that man is most emphatically the particular object of God's providence. If this be so, how utterly destructive of the very idea of providence would be the fact that the treatment of disease is not regulated by positive and unerring laws! Does not reason, do not the very instincts of the heart force upon us the belief that the treatment of disease cannot possibly be depending upon chance, but that it ought to be conducted in the same manner in which God conducts the business of His universe and of the humanity which he had created for his glory? If God has provided for this humanity, he must have provided for the wants of the sick man in a manner commensurate with his supreme love and wisdom. The treatment of diseases must therefore depend upon laws that are just as fixed and just as accessible to the inquiring reason as the laws which govern the growth of cotton or the movements of the stars.

As far as we know, all things in Nature exist for specific uses. Every thing in Nature exists according to its own law of order, and fulfils its own particular destiny. Every drug is likewise an individual thing, endowed with distinctive properties and capable of affecting the human organism in a definitive manner. Is it so very difficult to understand this simple suggestion of unprejudiced common sense? Then, let us inquire how do drugs affect the human organism? Then let us institute regular provings in order to find out whether and how Belladonna affects the brain; whether and how Arsenic irritates the intestinal canal; whether and how Aconite affects the circulatory apparatus. And if we find that Belladonna produces in the brain a train of symptoms exactly similar to the symptoms which characterize typhus-fever, is it not natural for us to conclude that there must be an intimate and peculiar relation between Belladonna and this cerebral disease? Pereira designates this relation as mysterious and incomprehensible, and it must necessarily appear so to a man whose mind is incapable of elevating himself above the disgusting materialism of an allœopathic drug-shop. But it is neither mysterious nor incomprehensible to the careful beholder. The Belladonna plant and the cerebral typhus, the symptoms of which resemble the effects of Belladonna upon the brain, are products of the same cause; the inmost principle of Belladonna and the morbific essence which, acting upon the tissues of the living brain, develops the Belladonna typhus, are the same thing, so much so that no two principles, forces or conditions in nature are more nearly related to each other than this typhus and yonder Belladonna principle. The only difference is that by acting upon the tissues of Nature, this inmost force, this germ-force develops the Belladonna plant, and by acting upon the tissues of the living organism, it develops the Belladonna typhus. How natural it is to conclude that, if it is true in the abstract that it is the business and particular object of drugs to cure diseases, they will more particularly cure the diseases to which they have some special affinity. The drug extinguishes the pathological condition to which it is homœopathic. Experiments to this effect have been instituted by thousands of careful observers with results which can only be gainsayed or doubted by the infatuated adherents of allœopathic conservatism.

When we say that a drug is homœopathic to a certain pathological condition we mean by this, that it is capable of affecting the healthy organism in a precisely similar manner. It is in this sense only that we understand the term specific. A true homœopathic remedy can only be homœopathic to one pathological condition; in other words, it can be in specific adaption to only one condition. Some homœopathic practitioners have established degrees of homœopathicity, designating the true homœopathic agent as the simillimum, and the other remedies which come nearest to this as similia. I have not much confidence in this sort of classification; it leads to confusion, arbitrary selection of drugs and uncertainty in determining the proper dose. To one who has a clear perception of the origin, meaning

and application of the homœopathic law, all these accommodating interpretations and applications of this great principle seem puerile and unworthy.

To the homœopathic physician China has a more particular interest. It was in translating the article China in Cullen's Materia Medica that Hahnemann's mind was led to the discovery of the great therapeutic truth which it is our most cherished endeavor to expound to mankind for their benefit. Cullen's allusion to the specific power of Quinine to cure intermittent fever, excited in Hahnemann's mind a suspicion that this specific power consisted in the virtue which Quinine possesses, of exciting fever and ague in the healthy organism. Accordingly, he at once went to work instituting an experiment, and the result confirmed his previous belief. Let us keep this interesting fact before our mental vision. It is to this one flash of genius that humanity is indebted for the discovery of Homœopathy. It will not do for the Mitchells and their compeers to propound ex-cathĕdra the remarkable novelty that Homœopathy has existed long before Hahnemann; so it did, undoubtedly; it existed in the Divine Mind, and in the mysterious harmony of Nature; but the man who told you that it did exist there, that man was Hahnemann. Gentlemen, mere man-worship is unbecoming the dignity of human reason; we do not worship Hahnemann; we are no blind followers of his; we are keenly alive to the weaknesses of his own imperfect developments and applications of the great natural law of cure; but on the other hand, we cannot afford to see Hahnemann's name traduced by unprincipled men who wear the blood-stained purple of false medicine; we cannot afford to see Hahnemann shorn of his well-earned laurels by unworthy enemies; we cannot afford to see Hahnemann's endeavor to be just to all, and to avail himself of the isolated observations of his predecessors as corroborative evidences of the correctness of his great discovery; we cannot afford, I say, to see this endeavor of a magnanimous genius construed into an admission that the discovery of the true law of therapeutics was not his work. When the very names of these allœopathic pigmies shall have vanished into the nothingness of oblivion, the name of Hahnemann will glide down upon the tide of immortality to future generations as their deliverer from the martyrdom of the lancet, the leech, the destroyer-Calomel, and that legion of disgusting compounds which have entailed more misery upon the world than war and pestilence.

In looking at the symptoms of China, you will find that the action of this drug upon the living organism is analogous to the action of Arsenic. Both China and Arsenic have a tendency to disintegrate the cohesion of vital constituents. Arsenic acts more suddenly and destructively; but China exhibits the same tendency as Arsenic to taint the very fountains of life. It affects more particularly that portion of the ganglionic system of nerves which presides over the functions of the vegetative sphere; hence the semilunar ganglion seems to be the chief focus for the action of Peruvian bark. It is a misnomer to call bark a tonic. The first effect of bark may be more or less stimulating; it causes a sort of vascular erethism char-

acterized by an increase of warmth, muscular power, flushed face; but this effect is not permanent. You will find that it is soon followed by an opposite condition of the organism, pale and bloated face, sunken eyes, expression of suffering in the features. Add to this the marked symptoms of deep-seated gastric derangement: slimy coating of the tongue, bad taste of the food, eructations with nausea, or bitter eructations after eating; oppression and anxiety after eating, worse while sitting and passing off on rising from a seat; flatulent distention of the bowels, diarrhœa as if mixed with undigested food, or bilious, blackish-looking diarrhœa; if we consider moreover that it causes lassitude, a bruising sensation in the muscles, stitches in the chest accompanied by asthmatic dyspnœa, palpitation of the heart, rush of blood to the head, and a variety of tearing, stitching and lancing pains; and if we consider lastly that Cinchona deranges the action of the ganglionic system by establishing periodical fever-paroxysms in the organism similar to fever and ague, we have an undoubted right to assert that, so far from being a tonic, Cinchona-bark exercises a disturbing and disintegrating influence upon the animal tissues.

It may not be superfluous to mention in this place the affections for which Hahnemann recommends Cinchona-bark:

1. Cinchona-bark having for its first consequence an aperient effect, will be found for that reason very useful in certain cases of diarrhœa, provided the patient has no other symptoms indicating some other remedy.

2. Hahnemann has sometimes seen pains which a mere touch or the least movement increased to intensity, and which, as described by the sufferer, greatly resembled those caused by bark, yield at once and permanently to a small dose of the attenuated tincture, although the attacks had often recurred; the evil was cured homœopathically and health restored as by enchantment.

3. Bark is seldom effectual unless it disturbs the rest of the patient at night, as it does that of persons in health who make a trial of this drug; it causes frightful dreams which rouse the patient when he is on the point of falling asleep, and are often accompanied by oppression and anxiety.

4. There are some cases of suppuration in the lungs, principally such as are accompanied by shooting pains in the breast, excited or increased by external pressure, that have been cured by bark; a characteristic indication for the use of bark is a burning pressure on the chest, hectic fever, colliquative night-sweats and profuse expectoration of pus, which may be streaked with blood. In cases of genuine phthisis it is not probable that China can do more than to palliate the symptoms. The palliating effects of China in this disease are beautifully shown in a case quoted in Frank's Magazine. The patient was a brick-mason, thirty-three years old, and born of healthy parents. Three months ago, he had been attacked with pneumonia, since which time he had been sick, expectorating every day a pint of fetid pus. His breathing was rattling, voice hoarse, pulse one hundred and twenty to one hundred and thirty, urine

reddish, turbid, depositing a copious sediment; feet swollen; he had night-sweats, was sleepless, had fever with delirium during the paroxysm, and, in spite of his appetite, became emaciated and weak. He took every day one drachm of pulverized China in water acidulated with a little sulphuric acid. He went on improving from day to day, until he had taken one ounce and a half of the bark. He looked and felt quite well, except a little cough in the morning.

To these remarks I would add that the intermittents to which Cinchona-bark is homœopathic, are characterized by a variety of peculiar symptoms. They often set in with the accompaniment of numerous accessory symptoms, violent congestion, more particularly about the head, causing severe headache; or about the heart, causing severe palpitation and stitching pains in that region; or on the chest, causing oppression, cough, and severe stitching pains with tearing and racking cough; or in the bowels, causing distention, and spasmodic tearing, stitching and colicky pains; or in the back, nape of the neck or small of the back, causing a distressing aching and cramp-pains. The attack is moreover ushered in by stretching, chattering of the teeth, paleness, a shaking chill, thirst and afterwards hot fever and profuse perspiration. Sometimes the thirst sets in before the chill and sometimes after; the tongue is thickly coated and the patient often complains of nausea and even vomiting. Between the paroxysms the patient looks sallow, feels rather weak, has little appetite, although at other times the appetite is ravenous. He wants to be covered up or to sit near the fire.

In regard to the dose in fever and ague, opinions differ. Some practitioners use the middle and higher, others the lower potencies. I have seen beautiful cures with the 30th of China, and equally fine cures with five drops of the tincture, and even ten grains of Quinine.

Once I was called to see a man whom I found in the following condition: Comatose, extremities icy-cold, bluish, no pulse, face bluish like that of a person who had been choked. Just before my arrival he had had a tremendous chill. It was an attack of fever and ague. I dissolved one globule of China 30 in a tumblerful of water, and gave the patient a tablespoonful every fifteen minutes. A few minutes after the first dose he became conscious, warmed up, perspired, and never had another chill. This happened in a miasmatic fever district.

Was this idiosyncratic, or was it the natural effect of the drug? You might try the same treatment in a hundred other cases without success.

Dr. Ward, the late Professor of Obstetrics in this institution, stated at the last meeting of the American Institute, that he now always gives the tincture of China in five drop doses.

Other physicians use the first trituration of Quinine or the crude Quinine in half or one grain doses every two or three hours.

There are cases of intermittent fever, especially in the miasmatic districts of our country, where the paroxysms cannot be arrested without the use of Quinine. It may be necessary to give as many

as ten grains from one paroxysm to the other. It is best to give this quantity in half a pint of water, dissolving it previously in a little dilute sulphuric acid.

In *Physconia lienis* or enlargement of the spleen, China is recommended even by allœopathic authorities as a specific remedy upon the principle of homœopathicity. Dr. Weitenweber relates a case of cure of this disease in an Austrian Medical Journal, where the validity of the law "Similia similibus" is emphatically admitted.

A journeyman confectioner of cachectic appearance had been suffering with fever and ague for ten weeks without doing any thing for it, except drinking Chamomile tea and aromatic bitters. His digestion broke down, and he experienced a sense of heaviness and fulness in the left hypochondrium. His skin assumed a dingy, sallow tint, the sclerotica had a lead-colored appearance, and the region of the spleen was considerably enlarged. He took pulverized China, a powder of eight grains every three hours. The spleen decreased in size from day to day, and the patient was perfectly restored in twenty-four days.

Dr. Weitenweber admits in reporting this case, that China cures *enlargement of the spleen and liver* by virtue of its power to cause similar morbid conditions in the healthy. He furthermore asserts that cures of this kind have been effected where the antagonistic or self-styled rational system of treatment had proved utterly powerless.

We may likewise recommend Cinchona for

Neuralgic and *Rheumatic Affections*, characterized by stitching, tearing and drawing pains in the head or extremities, especially when the pains are made worse by contact, and are accompanied by slight vascular erethism, occasional creepings and flashes of heat about the head, and excessive restlessness, nervousness, wakefulness.

Our records show a number of interesting cases of neuralgic affections, and of rheumatic affections of a neuralgic or arthritic character, where China and its alkaloid Quinine, have effected beautiful cures. A leading indication for China in these affections was the periodicity of the paroxysms. Here is a case of

Ischias Intermittens. A lady of thirty, who is frequently suffering with rheumatic pains, especially in the face, was attacked at the commencement of December, with an extremely violent pain in the lumbar region; the paroxysm set in regularly every afternoon and continued until late at night. After several sleepless nights, the patient became so excited that, with her eyes wide open, she was haunted by alarming phantasms and came very near being attacked with delirium. These paroxysms had been continuing for eight days, when a few doses of China stopped them immediately.

Another interesting case of

Ischiadic Neuralgia is reported in the "Journal Universel de Médecine et de Chirurgie Pratique." An officer, twenty-six years old, of extremely sanguine temperament, and who inhabited a very damp dwelling, was attacked on the 9th of December, 1817, with a violent

pain extending from the ischiatic notch down to the external malleolus. Liniments and the application of forty leeches increased the pain to such an extent that the patient was unable to keep the limb quiet, or to move it without aggravating his suffering. There were no constitutional symptoms, except a slight acceleration of the pulse. For the last three nights he had not had any sleep. He now took one ounce of the red powdered bark in eight pills, a pill every two hours. After the first dose, he had three stools and experienced some nausea. In the evening he took a second pill. Next morning the patient felt bright and only complained of a little numbness in the limb, and a deep-seated pain in the small of the back. That same night he had had two evacuations, a refreshing sleep, and had felt an agreeable warmth without sweat. He took a few more pills, but much less in quantity, and his health was completely restored in all respects.

In this case the dose was large, and it is possible that a cure might have been effected with smaller quantities of the bark. The prescription was ordered by an allœopathic physican, but China is eminently homœopathic to neuralgic paroxysms where symptoms of congestion are prominent without any corresponding vascular excitement, but great nervous restlessness, general agitation, wakefulness, and a delirious sort of cerebral irritation.

These cures of neuralgia by means of China are very interesting and instructive to homœopathic students, and I will therefore relate one more, and then close this chapter. Here is a case of

"*Neuralgia Supra-orbitalis*, from the same publication.

A French officer of thirty years, of vigorous constitution, but an exceedingly irritable temperament, and who had been exposed to the miasmatic emanations of a low and damp region of country, in the North of France, was transferred to Paris. On his journey to Paris, he was attacked with neuralgia. The paroxysms set in every morning at seven o'clock, and continued for five hours. At first the pain was slight, like moderate prickings, but gradually the pain increased to a tearing, intolerable, deeply smarting distress around the left orbit, and especially violent in the region of the superciliary arch. There were sympathetic, but not entirely involuntary contractions of the facial muscles of the left side; at the height of the paroxysm, the eyes were red, weeping, with lancinating pain in the eyeballs; the forehead was burning-hot, the nose dry, the pulse at first contracted, afterwards full and accelerated, the tongue a little coated white, all the other functions normal. During the intermissions the patient felt quite well. Previous to the paroxysm, the patient took an ounce of powdered bark in water. Considerable improvement manifested itself soon after; on the third day all signs of gastric irritation had disappeared, and on the sixth the patient's health was completely restored.

Without stretching the imagination, it seems as though these periodical paroxysms of neuralgia might be looked upon as resulting from a process of metaschematismus. The inmost character of these

neuralgic affections may be the fever and ague principle, which has assumed this characteristic neuralgic form. Hence it is that these affections sometimes bear and even require enormous doses of the specific remedy for their cure. In most cases this remedy may be *China* or *Quinine*, in other cases *Arsenic*.

Even in other affections, the intermittent type of the paroxysms may be regarded as a prominent indication for China. Paroxysms of asthma, of bloody urine and of rheumatism of the abdomen, have been successfully treated with China, where the principal indication was the periodicity of the attacks.

A beautiful case of

Intermittent Headache is reported in Hufeland's Journal, where a girl of fifteen years was attacked with periodical pains in the head, which came on shortly after rising, and continued until the afternoon. The paroxysms were accompanied by dizziness, and very often violent vomiting. In the evening the patient was free from pain. The girl became pale, lost her appetite and strength, and wanted to be lying down all the time. The urine deposited a brick-dust sediment. *China* restored her in a very short period.

China is not always indicated, in cases of intermittent headache. I may substantiate this assertion by alluding to a case which I treated in New York. The patient was a young merchant, of good constitution who had been for three years subject to an attack of headache every forenoon. The pain was a heavy, tearing, stupefying, lancinating distress above the eyebrows. After the paroxysm he felt prostrated; he had lost his appetite, became thin, and was unable to attend to business. He had spent the last six months in the country without any benefit. The young man had been addicted to self-abuse. He had been for six months treated by some of the first homœopathic physicians of the city, without experiencing any benefit from their treatment. I put him on the use of the tincture of Aconite, commencing with two drops in a tumblerful of water every day, and gradually increasing the dose to five drops. In one month the young man was entirely well and remained so.

Hahnemann tells us that, "in studying cases of

Moist Gangrene, one may perceive, in the general habit of the patient, morbid symptoms resembling those of bark, which explains why Peruvian bark is so valuable under such circumstances."

The records of the Old-School contain many a cure of gangrene achieved by means of bark. Several of these cases have been transferred by Frank to the pages of his valuable Magazine, whence we translate them for our own columns.

Gangrene of the Scrotum. A young man who had been successfully treated for inflammatory fever, was attacked with gangrene of the scrotum. He was found pulseless, with livid face, without consciousness and all his muscles convulsively twitching. Almost the whole of the scrotum was sphacelated. He took every four hours a drachm of pulverized China. Very soon his pulse came up, a slight moisture began to make its appearance upon the skin, the scrotum

began to suppurate and in about a month from the time he was taken the wound had become cicatrized.

Gangrene of the Vulva and Mucous Lining of the Vagina. This accident occurred in consequence of a quick confinement. The mucous lining protruded from the vulva; it has a livid, gangrened appearance and was without sensibility. The nymphæ were likewise gangrened, and the labia majora looked livid. Slight delirium, pulse small, frequent and irregular. The patient took one drachm of pulv. China every three hours for three days; after this period night and morning. In twenty-four hours suppuration took place, the gangrened parts sloughed off, and the patient soon recovered.

Gangrene of the Arm. A man of thirty years was attacked with phlegmonous erysipelas which was repelled (by lead-washes I suppose). The consequence was that the whole arm became gangrened. It was cold and livid, the hand was swollen, the fingers immovable, pulse small; constant fainting turns; the patient did not even feel deep incisions. He took two drachms of a decoction of China every three hours. The same decoction was applied externally in combination with brandy. Next morning the pulse rose, the warmth returned, suppuration took place, and in one month the patient's health was perfectly restored.

One other short case may close this chapter.

A wound of considerable size on the right leg, which had been neglected for a long time, began to look black and emitted a cadaverous odor. Diarrhœa set in. The patient took a small glassful of the decoction of China morning and evening, and applied it likewise externally. Two days after, considerable improvement set in; in a few days more, a large scurf sloughed off, and the patient was entirely well three weeks thereafter.

If *Ulcers* should break out in consequence of the general decay of the reproductive system; in cachectic individuals, of a sallow, jaundiced appearance, cold or dry or clammy skin, China may be appropriate for the purpose of stimulating the reproductive functions of the organism. Under the influence of China, the ulcer may gradually be made to secrete a more healthy pus, and may finally heal up.

In ulcers arising by a process of metaschematismus, in fever and ague, China may be in its place. In either of these two cases, Arsenic may have to be used sometimes.

In connection with this subject we may here mention the fact that *Dropsy* may develope itself after mismanaged or neglected intermittent fever. China may prove a specific remedy for this form of dropsy.

A farmer, forty years old, was attacked with bilious fever, which was succeeded by a tertian intermittent. This had already terminated in anasarca and ascites, when the patient sought the assistance of a physician. The use of China cured him completely in a fortnight.

The fact that bark stimulates vital action after the excessive loss of animal fluids, will not be forgotten; hence patients who have

become weakened by bleeding, by venereal excesses, by diarrhœa and the like, may be benefited by China. In the case of women who have become enfeebled by nursing, China is often indispensable.

In Hufeland's Journal a case is reported where a young man was attacked with a sort of muscular jerking and twitching or

Muscular Tremor, apparently in consequence of mental labor. The paroxysms increased in severity. Every night he suffered with agonizing pains in the chest, and horrible phantasms. After having been treated for five or six weeks with antispasmodics, he was no longer able to articulate; the least provocation caused him to break out in rage, and almost rendered him crazy. He was put on a decoction of China, and his health was fully restored in one fortnight.

In cases of

Emaciation and Gradual Prostration induced by chronic vomiting, China may prove useful. A lady of tolerably good constitution who was in the sixth month of her pregnancy, vomited every day whatever she put into her stomach. She became so reduced that fears were entertained for her life. No treatment was of any avail. She finally took the extract of China in a spoonful of soup. This treatment was continued for eight days, at the end of which period she had recovered perfect health. The precise dose is not stated, but it may have been about ten drops of the tincture at a dose.

Bark seems to have a marked effect upon the liver and spleen; in patients who had taken bark for a long period these organs have been found considerably enlarged. Hence the good effects of Cinchona in some forms of

Jaundice, characterized by sallow, dirty-yellow complexion, spasmodic-stitching pains in the liver, a crawling sensation, with stitches and enlargement in the region of the spleen, slimy, bilious taste, vomiting of bitter bile, loss of appetite, stitches and swelling in the pit of the stomach.

Before we close this chapter on China, let us briefly glance at the relation which this drug holds to the functions of the intestinal canal and the digestive system generally. China may be of great use in *Dyspepsia* and *Gastralgia*.

Upon looking at our provings we shall find that it causes abnormal changes in the taste, such as slimy and bitter, or insipid taste; it causes *drowsiness* and *oppression* after eating; *qualmishness* in the stomach, a *shuddering* after drinking, fetid flatulence.

The secondary effect (organic reaction) of small doses of China seems to be to bind the bowels; this costiveness is accompanied with vascular erethism, flushed face, fulness in the head, headache, palpitation of the heart. China is therefore homœopathic to

Constipation accompanied by these symptoms. The primary effect of massive doses seems to be to loosen the bowels; hence China is homœopathic to

Diarrhœa, where the discharges are slimy, bilious, sometimes blackish, or mixed with undigested food, and of a very offensive smell. Scrofulous children, with large abdomens, are subject to attacks of this kind,

We find that China causes a creeping and itching sensation at the anus and in the rectum. It is therefore homœopathic to a condition of the intestinal lining membrane which may result in the formation of *Ascarides* and *Worms*.

The urinary secretions are likewise affected by China. The urine becomes scanty and turbid under the influence of China. Sometimes it deposits a whitish, and at other times a brick-dust sediment. This condition of the urine may confirm our selection of China in various arthritic and gastric conditions.

China acts as a stimulant to the sexual organs. It causes increased erections, and involuntary nocturnal emissions; in the female it causes excessive secretion of the menstrual blood, with discharge of dark coagula. Hence we may use it for

Menorrhagia, and likewise for

Excessive secretions of the seminal fluid, when arising from weakness with over-excitement of the sexual instinct. We may find China more specifically indicated in excessive

Nocturnal Emissions and in *Spermatorrhœa*, especially if the patient becomes weak and low-spirited, and is troubled with costiveness, dyspeptic derangement.

China is seldom indicated in affections of the air-passages; nevertheless if there should be difficult respiration, with wheezing; or with sensation as if the voice were deeper and rough, or as if the *larynx* were filled with phlegm, causing a suffocative sensation, or if the patient coughs up blood, especially towards evening, on waking from sleep; bark may be prescribed with advantage. These symptoms may occur in

Asthmatic Conditions of the air-passages; in chronic

Catarrhal Irritation of these organs, and in the suppurative stage of *Chronic Bronchitis* or *Chronic Hæmoptysis*.

After long treatment, in which large doses of bark have been given, many inconveniences often remain which require to be counteracted by Ipecacuanha, Arnica, Belladonna or Veratrum. Veratrum is indicated by chilliness of the body, with cold sweats.

Let us briefly recapitulate the affections for which China has been recommended:

CEPHALIC GROUP.

Intermittent cephalalgia, p. 431;

NERVOUS GROUP.

Neuralgic and rheumatic affections, p. 429;
Neuralgia supra-orbitalis, p. 430;
Ischias intermittens, p. 429;
Debility from loss of animal fluids, p. 433;
Tremor of the muscles from excessive mental exertion, p. 433;
Nightmare, p. 427, No. 3.

INTERMITTENT GROUP.

Intermittent fever, p. 427;
Intermittent asthma, p. 431;
Intermittent ischias, p. 429;
Intermittent hæmaturia, p. 431;
Intermittent rheumatism of the abdomen, p. 431;
Intermittent cephalalgia, p. 431;

CHYLO-POIËTIC GROUP.

Vomiting of pregnant females, p. 433;
Dyspepsia, p. 433;
Gastralgia, p. 433;
Constipation, p. 433;
Diarrhœa, p. 433;
Ascarides, p. 434;
Jaundice, p. 433;
Physconia (enlargement of spleen and liver), p. 429.

URINARY GROUP.

Sedimentous urine, white or brick-dust sediment (in arthritic and gastric affections), p. 434;

SEXUAL GROUP.

Menorrhagia, p. 434;
Spermatorrhœa, p. 434;
Nocturnal emissions, p. 434;

RESPIRATORY GROUP.

Phthisis pulmonalis, p. 427, No. 4;
Asthma, p. 434;
Bronchial catarrh, p. 434;
Chronic bronchitis or Hæmoptysis, p. 434;

EXANTHEMATOUS GROUP.

Gangrene (of scrotum, vulva and vagina, arm), p. 432;
Ulcers, p. 432;
Wounds, p. 432.

CHININUM SULPHURICUM, OR QUININE,

Is a most important alkaloid of China which fulfils therapeutic offices of a high order.

Several remarkable cases of poisoning with Quinine are related by Trousseau and Pidoux. A soldier took forty-eight grains of Sulph. Q. for spasmodic asthma, which returned daily at a certain hour. Four hours after taking it he experienced buzzing in the ears, diminished sensibility, giddiness, and violent vomitings. Seven

hours after taking the Quinia, he was blind and deaf, delirious, incapable of walking on account of the giddiness, and vomited bile copiously. He was intoxicated with Quinine. These effects subsided in the course of the night.

Récamier prescribed for a patient affected with acute rheumatism, forty-six grains of Sulph. Q. in twelve powders, one every hour. Next day the quantity was increased to seventy-seven grains similarly divided, to be taken every hour as before. When the patient had taken fifty-three grains, he was suddenly seized with violent agitation, followed by furious delirium, and death in a few hours.

Guided by these symptoms we might perhaps prescribe Quinine for furious

Delirium tremens, or for the sequelæ of severe cerebral diseases, more particularly typhus cerebralis and hydrocephalus, where

Paralysis of the special senses, especially of sight and hearing, is sometimes entailed upon the patient after the original malady had left him.

It is evident, from the many facts which have been gathered concerning the action of Quinine upon the brain, that this agent causes severe irritations of the cerebral nerves, which lead to congestions of the cerebral vessels, and are characterized by other remarkable symptoms, such as violent buzzing in the ears, loss of hearing and vision, and violent gastric irritations which may either be consensual or the effect of a direct irritation of the lining membrane of the stomach.

Briquet's experiments in France have shown that Quinine is possessed of narcotic powers. Large doses of Quinine depress the pulse, rendering the heart's action not only slower, but feebler. In cases of violent cerebral irritation, where Quinine may have to be employed, these disturbances of the special senses, and the depression of the vascular system constitute important indications for its use.

It is evident that these signs of depression may not be present, if Quinine is given in doses which are not large enough to overpower the organic reaction. Moderate doses of Quinine, but sufficiently large to affect the organism medicinally, may cause vascular erethism and a congested condition of the cerebral vessels characterized by severe pain in the head, and a disordered condition of the sensorium as manifested by flightiness, phantasms, excessive activity of the sensorial functions. Considering the effects of large as well as of smaller doses of Quinine in their totality, we feel justified in concluding that it must be capable of effecting curative results in various cerebral affections, besides those to which we have already directed your attention. Indeed this agent has been found useful in

Mania of an intermittent type. A lady who had taken an emetic on account of some gastric derangement, about a week after her confinement, was tormented a week later by frightful præcordial anguish; her look was unsteady, and showed symptoms of an approaching delirium. In spite of her efforts to keep quiet, she jumped out of bed all the time in order to run away from home; she loathed the sight of her husband and child, and threatened to destroy her-

self. She had violent palpitation of the heart, irritated but not very much accelerated pulse. A subsequent paroxysm terminated in profuse perspiration. A few doses of Quinine during the perspiration cured her completely.

Sanguineous Apoplexy of an intermittent type, may likewise require the exhibition of Quinine. A lady of thirty years, of a plethoric habit of body, was attacked on the first of September, with flushed face, loss of consciousness, immobility, deep and stertorous breathing, large, very slow and strong pulse. She fell into the hands of an allœopath, and was bled. In the evening she was quite well. On the third of September, at the same hour, she was attacked in the same way, was bled, and as soon as the paroxysm had subsided, was put upon *Quinine*, of which she took a single dose of twenty-four grains. On the sixth, about the same hour, she felt a slight chill, followed by moderate heat and sweat; she took another but smaller dose of Quinine, and had no further trouble

If we should have a case of this kind to prescribe for, we would give Aconite during the paroxysm, and afterwards Quinine in reasonable doses. Some, as I said above, might give the triturated drug, and others the Quinine in substance. In

Periodical Cephalæa, Quinine will prove useful. Kopp relates a case in the second volume of his "Homœopathic Memorabilia," where a lady who had been disposed to headache, menstruated very profusely after her forty-eighth year. After each turn she was attacked with severe pain in the head, nausea, disposition to vomit, chilliness, cold feet and debility. She took six doses of Quinine of one-sixth of a grain each, and remained perfectly well ever after.

In *Hemicrania* of a paroxysmal character, where the attacks come on every day or every other day, Quinine has often proved a remedy. These attacks are generally characterized by an absence of gastric symptoms, although there may be diarrhœa. The symptoms of congestion and nervous irritability prevail. The pains may be various: tearing, lancinating, hard aching and burning pains.

Cerebral Congestions, where the disease is paroxysmal, and the paroxysms are worse every other day, will often yield to Quinine. Paroxysmal congestions of this character may affect other organs beside the brain, such as the spleen or heart. During the paroxysm we resort to the tincture or low attenuations of Aconite, and between the paroxysms we give Quinine. A case is reported where the following symptoms occurred: A robust and plethoric boy, three years old, was attacked with congestion of the spleen. This yielded to treatment. On the third day, congestion of the heart set in, with the following symptoms: disfigured countenance; expression of intense suffering, anxiety and oppression; tumultuous palpitation of the heart, intense burning distress in the region of the heart, fainting turns, irregular pulse. The attack had set in without any premonitory symptoms. After the violence of the paroxysm had been controlled by treatment, the child took Quinine in two-grain doses, twenty-four grains in all, and remained perfectly well.

The allœopathic attendant reports this case as a case of *inflammation* of the spleen and heart. If an homœopathic physician were guilty

of such a blunder, he would be laughed at. It was a simple case of plethora, plethoric congestion, or rush of blood where Aconite was indicated during the paroxysm and Quinine during the apyrexia.

In *Neuralgia Intermittens*, Quinine has effected beautiful cures. These affections are regarded by some as masked fever and ague. The attacks are most frequently ushered in with a slight chill, followed by an increase of temperature generally, some vascular excitement and generally perspiration. The local pains vary according as one or the other portion of the nervous system is the seat of the affection. There may be gastric derangement, though not necessarily.

An interesting case of neuralgia of the *meningeal membranes* is quoted in Frank's Magazine, where the patient was in the fourth month of pregnancy. Every morning, after taking her breakfast, she was attacked with a violent tearing pain in the back part of the head, "as though the membranes were pulled asunder." The attack was accompanied by a chilliness, she looked pale, the bowels were constipated, she felt low-spirited, irritable, inclined to weep, and had to keep her bed. Towards noon the pain became less, she warmed up, and in the evening she felt quite well. She took half a grain of Quinine every hour during the interval, and had no more trouble.

In *Neuralgia of the Cœliac Plexus*, of the frontal nerve, of the trigeminus, Quinine has proved a valuable agent. In some of these attacks, sopor and delirious fancies are characteristic symptoms. Excessive sensitiveness to light and noise may likewise be present.

An interesting case of *Neuralgia of the Womb*, is reported in a French Periodical, the "Archives Générales," where a lady had been exerting herself more than usual in moving from one house to another. The paroxysms set in with a chill, dragging, labor-like pains from the lumbar region down the thigh, and invading with marked violence the hypogastric region. During the violence of the attack, large clots of a thick, ropy and slightly-tinged mucus were discharged from the vagina. In the afternoon the pains ceased entirely. When a physician was sent for, he found her with her thighs flexed upon the abdomen, expression of deep suffering in the face, warm and somewhat moist skin, coated tongue, anorexia, very little thirst and pulse normal: sense of weight in the pelvis, constant urging to stool, sensitiveness and tension in the hypogastric region; the least pressure causes pain. The vagina was burning-hot, and the neck of the womb so sensitive that the least pressure exhorted a loud cry. She was put on the use of Quinine in eight grain doses, of which she took three during the apyrexia. The next attack was scarcely perceptible. Another dose of Quinine restored her permanently.

The periodical intermissions of nervous and congestive paroxysms point to Quinine in a variety of other affections. This periodicity has been observed in trismus, in paraplegia, in ophthalmia, in pulmonary hæmorrhage, and in all these cases Quinine effected a speedy and permanent cure.

An old lady was attacked with

Trismus every third day, accelerated pulse, headache, thirst but inability to drink. Quinine cured her.

Another patient was attacked with

Paralysis of the lower extremities, incontinence of urine and stool; fever and ague prevailed at the time: the paroxysms in his case set in every other day. Quinine restored him.

A literary man was attacked with

Ophthalmia, which was exacerbated every evening like a fever-and-ague paroxysm. Quinine removed the difficulty very soon.

A man of feeble constitution was attacked with

Hæmorrhage from the lungs and bowels, face sunken, pulse very feeble, stertorous breathing, the skin covered with cold, viscid sweat, yawning, expulsion of black coagula from the mouth. The attack was followed by copious warm sweat. It proved paroxysmal and was entirely arrested by ten doses of Quinine, two grains each.

I might mention a number of interesting cures achieved by Quinine, of various affections where a leading indication for its use was the periodicity of the attacks. A few more may suffice.

In a case of

Retention of the Placenta it finally came away of itself in the fourth week. Ever since then the patient had an attack of the most frightful congestive headache every evening. A single dose of Quinine stopped the paroxysms permanently.

A young girl was attacked with violent

Spasm of the Neck and Chest which extorted the most piteous cries. Gradually the paroxysms set in every other day very regularly. After the paroxysm she passed a quantity of watery urine. A few doses of Quinine, two grains each, arrested the disease permanently.

In Frank's Magazine, the following case of

Intermittent Dysentery is quoted from the "Medizinischen Correspondenzblatt." A child was attacked every afternoon at four o'clock with violent pains in the abdomen, followed by heat and from six to eight bloody evacuations, after which it fell asleep exhausted and in profuse perspiration. The intermittent character of the paroxysms induced the medical attendant to prescribe Quinine, which was administered endermically, the child refusing to take the medicine by the mouth. The attacks ceased at once.

Intermittent Chronic Rheumatism. A chlorotic girl of eighteen years was attacked with rheumatic pains in the legs which was at first continual, but afterwards became periodical. The attack set in every day at ten o'clock in the evening, and continued all night. Sleep was entirely banished by the pain. She took four powders of Quinine of two grains each, after which the next attack was much milder, and the attacks ceased entirely after the second night.

Even in *Epilepsy*, the periodicity of the attacks may constitute an indication for Quinine. A boy of thirteen years old had been subject to epileptic attacks. The boy fell down, with loss of consciousness, without uttering a cry; there was no sign of convulsions except

a spasmodic clenching of the fists. The paroxysms recurred regularly every seventh day. The means used remained unavailable, until Quinine was given; this arrested the paroxysms permanently. The dose is not stated; it may have been from five to ten grains from one paroxysm to the next following.

While speaking of China, I have taken occasion to allude to the use of Quinine in

Intermittent Fever. There was a time when Quinine was considered the inevitable specific for this disease. We now know that Quinine is one of the, but not by any means *the*, specific for intermittent fever. Arsenic is another powerful remedy in this disease. The indications for Quinine are the same as those which I have given for China, page 428.

At one time, Hahnemann seemed disposed to oppose the use of alkaloids by homœopathic physicians. These times have gone by. There are alkaloids without which it is impossible to either cure or palliate suffering. Morphine is one of them, Quinine another. The cure of certain forms of fever and ague and of other periodical paroxysms of a nervous congestive character without Quinine is an impossible thing. In some forms of miasmatic intermittents the cerebral congestions are so violent that it seems of the utmost importance to arrest the paroxysms as speedily as possible, lest the cerebral vessels should rupture and fatal hæmorrhage ensue. In these dangerous forms of Intermittents which some of the older pathologists designate as *febris perniciosa* or *apoplectica*, we may give Aconite alone, or Aconite and Belladonna in alternation during the chill; but Quinine in substance will have to be given during the apyrexia.

In *Intermittent Fever* with typhoid symptoms, Quinine in substance may sometimes be preferable to the triturations. A blacksmith was attacked with delirium, dryness of the skin, hot tongue, etc. Cold applications to the head and other treatment were resorted to. Next morning there was a remarkable remission of all these symptoms. On the third night he was attacked in the same way; the attacks set in with a chill, and it was only with great difficulty that the patient could be retained in his bed. The intermittent character of the paroxysms having become apparent, Quinine was resorted to; there was another paroxysm in a modified form, after which they ceased altogether.

The purists of the Homœopathic School at one time repudiated the use of Quinine as if it were so much dust from the infernal regions. The great cry has been that Quinine only *suppresses* the fever and ague paroxysm. If this paroxysm is characterized by the symptoms which I have endeavored to portray to you on previous pages, Quinine does not *suppress* the paroxysm, but *meets* it as its true curative agent. We should not forget, however, that the fever and ague miasma is of a very coarse nature, perhaps semi-material, occupying a sort of intermediate position between the spiritual-dynamic and the material forces which have power to subvert the harmonious mechanism of the tissues. The fever and ague miasm

may therefore act both as a dynamico-immaterial, and as a chemico-physical poison, and may at times have to be counteracted or neutralized by larger doses than are generally required in ordinary cases. But in no case will an excessive dose of Quinine be required, provided the character of the fever is of an analogous quality to that of the Quinine-principle. If the character of the fever is analogous to the inmost principle of Arsenic, Quinine can never meet it. Under such circumstances we may effect a temporary hushing up of the fever and ague paroxysm by keeping the ganglionic system spell-bound, as it were, by means of enormous doses of Quinine; but this hushing up would only be a temporary suppression; it is not a cure.

Hypertrophy of the spleen is one of the permanent changes resulting from a series of fever and ague paroxysms. This effect has been observed by thousands in numberless cases. During the chill the blood seems to recede from the splenetic vessels. A diminution of the size of this organ seems to be the primary effect, or rather the accompaniment of the chill. The subsequent enlargement sets in with the supervention of the hot stage, when the blood is returned to the spleen with increased force as it were. This sanguineous engorgement may result in permanent hypertrophy of the parenchyma of the spleen.

Peruvian bark and its alkaloid Quinine act in this respect similarly to fever and ague. The first effect of large doses of Quinine upon the spleen is to diminish the size of this organ by cutting off the supply of blood; the secondary effect, or the effect of organic reaction is to increase the size of the spleen by an excessive supply of the vital fluid. An acquaintance with this fact leads us to prescribe both the bark and Quinine for

Hypertrophy of the Spleen, whether resulting from fever and ague paroxysms, or from simple sanguineous engorgement in consequence of exposure, dyscrasia, etc. The Quinine should not be given in too small doses, nor higher than the second or third trituration. In

Splenetalgia or *Neuralgia of the Spleen*, which sometimes accompanies or precedes enlargement of this organ, Quinine will likewise prove useful. In cases, however, where these two last named affections do not arise from the influence of the marsh-miasm, but are due to rheumatic causes, it may be necessary to resort to some other agent, such as Aconite or Belladonna.

Anasarca, if traceable to hypertrophy of the spleen, would simply constitute a symptom of this disorganization, and yield to the same treatment that is instituted for the latter affection. Quinine may remove the whole difficulty in some cases. Piorry who has furnished an interesting monograph on the use of Quinine in Affections of the Spleen in connection with Fever and Ague, relates several cures of this affection where nothing but Quinine was used.

We have so far considered the admirable therapeutic properties of Quinine in various paroxysmal affections, such as: mania, apoplexy, cephalalgia, congestions, various neuralgic affections, and diseases of an intermittent character, epilepsy, dysentry, asthmatic paroxysms, rheumatism, etc. We have shown the admirable curative

properties of Quinine in fever and ague, and we have dwelt with as much force as the subject seems to deserve, upon the fact that the curative action of Quinine extends even to affections which are designated a *febris intermittens larvata* or masked or disguised fever and ague, by which we understand affections that really or essentially constitute fever and ague paroxysms, but where the fever assumes the form or mask of some other disease. For these masked fever and ague paroxysms, whatever be their apparent character, lumbago, hæmorrhage, intestinal irregularities, gastric disturbances, spasmodic or neuralgic distress, Quinine will prove just as effectual as for the genuine intermittent disease.

On this occasion it behooves me to caution you against two serious blunders to which an inexperienced young practitioner may be liable; the first is: not to mistake the phenomena of congestion which sometimes precede or accompany a fever and ague paroxysm, for some other pathological process, pulmonary congestion, carditis, enteritis and the like; the second is: not to mistake for fever and ague what is only a symptom of a far different pathological process. Gentlemen, it has happened that physicians have mistaken the chill which supervenes in pulmonary and other affections where the pathological process is apt to terminate in the effusion of pus, for intermittent fever, and to treat the patient accordingly. And it happens to this day that physicians will mistake the chilly creepings which occur during an attack of influenza, or which supervene every now and then during the course of a bronchial catarrh, for an attack of fever and ague. Such are the lamentable results of the habitual and systematic disregard of pathology which many of the earlier practitioners of our School have rendered themselves guilty of. And if finally, compelled by the irresistible onward progress of the age, they consent to make a few desperate attempts at pathology, they mistake a catarrhal chill, or the chill of purulent effusion, for a paroxysm of fever and ague. Let not this be your fate; let the symptoms be to you what they really are in Nature, manifestations of a pathological process, a correct knowledge of which is indispensable to judicious and successful treatment, and distinguishes the scientific physician from the symptomatic routinist and the uneducated quack.

Before closing our chapter of Quinine, I desire to advert to the fact that Quinine causes

Deafness, accompanied by buzzing in the ears, disagreeable noises in the head and vertigo. Scrofulous individuals, and persons of a cachectic habit of body, are sometimes suffering in this way. They are deaf, complain of a distressing buzzing and ringing in the ears and head; their ears are dry, and they sometimes have the appearance of being imbecile or absent-minded. Arsenic is of immense use under such circumstances; let us not forget Quinine.

We should not overlook this great agent in cases of

Vertigo, accompanied with sickness at the stomach, slow and feeble pulse, sinking of the temperature of the body. Attacks of this kind may result from deficient innervation, excessive exertions, expo-

sure to damp and chilly air. If violent, the attack may be attended with loss of sight, and confusion of sense which may even amount to an actual loss of consciousness. A solution of Quinine in a little dilute Sulphuric acid may prove eminently adapted to the emergency.

The power of Quinine to derange the bowels, has been alluded to before. Quinine causes a train of gastric disturbances that make it a most valuable agent in some forms of

Dyspepsia and *Cardialgia*, where the patient complains of nausea, loathing of food, bitter eructations, bitter taste in the mouth, vomiting of bile, oppression of the stomach, heartburn, or a burning sensation in the stomach and œsophagus, or a feeling of constriction and a pulling sensation in the stomach.

We know that Quinine has occasioned a similar train of symptoms by applying it endermically to the epigastric region.

Quinine affects the bowels similarly to Bark. Large doses cause diarrhœa, small doses bind the bowels. The diarrhœa may be watery, slimy, dark or even blackish, having an offensive smell.

Costiveness is attended with symptoms of congestion, fullness about the head, increased warmth in the head and body, flushed face, oppression.

If Quinine is to be used in substance, it is best to first dissolve it in dilute sulphuric acid, in the proportion of ten grains to thirty drops of the acid. The dissolved drug acts more promply than the powder. After dissolving it, we may afterwards mix it with any quantity of water that may be required.

The baneful effects of Quinine may be counteracted by Ipecacuanha and Arsenic.

Synoptical tableau of the affections for which we recommend Quinine:

CEPHALIC GROUP.

Delirium tremens, p. 436;
Apoplexia intermittens, p. 437;
Mania intermittens, p. 436;
Vertigo, p. 442;
Cephalalgia intermittens, p. 437.

SPECIAL SENSES.

Paralysis of special senses after typhus, encephalitis, p. 437;
Deafness of scrofulous and cachectic individuals, p. 442.

NERVOUS GROUP.

Neuralgia (intermittent), p. 438;
Spasms of the neck and chest, p. 439;
Trismus (intermittent), p. 439;
Epilepsy, p. 439;
Splenetalgia, p. 441;
Paraplegia (intermittent), p. 438.

CHYLO-POIËTIC GROUP.

Hypertrophy of the spleen and liver, p. 441;
Dyspepsia, p. 443;
Cardialgia, p. 443;
Diarrhœa, p. 443;
Dysentery (intermittent), p. 439;
Constipation, p. 443.

INTERMITTENT GROUP.

Mania, p. 436;
Apoplexy, p. 437;
Cephalalgia, p. 437;
Congestions of the brain, spleen and heart, p. 437;
Neuralgia of meningeal membranes, p. 438;
Neuralgia of cœliac plexus, p. 438;
Neuralgia of womb, p. 438;
Neuralgia of spleen, p. 441;
Trismus, p. p. 439;
Ophthalmia, p. 439;
Paraplegia, p. 439;
Hæmorrhage, p. 438;
Headache, with retention of the placenta, p. 439;
Spasm of the neck and chest, p. 439;
Dysentery, p. 439;
Chronic Rheumatism, p. 439;
Epilepsy, p. 439;
Fever, p. 440;
Febris larvata, p. 442.

EXANTHEMATIC GROUP.

Anasarca, 441.

LECTURE XXVIII.

COLOCYNTHIS,

(*Bitter Cucumber.*—Nat. Order:—CUCURBITACEÆ.)

THIS is a trailing plant, with a white, annual, branched root, which strikes deep into the ground. The stem is herbaceous, angular, branched, covered with rough hairs, and trails along the ground; in its appearance resembling the common cucumber. Leaves triangular, obtuse, sinuated, hairy, of a fine green on the upper surface, rough and whitish underneath. Flowers yellow, with greenish veins, solitary, axillary. Fruit about the size of an orange, with a

thin but solid rind. It comes to us freed from the outer yellow rind; it contains a loose, spongy, whitish, inodorous pulp, bitter; contains many seeds; we make a straw-colored tincture from the pulp.

Colocynthis (Greek Kolokynthe), means a round gourd. This is supposed to be the fruit which the servant of Elisha gathered in the field near Gilgal, during the famine; after it had been gathered and boiled, and the men had begun to eat of it, they cried out: Oh thou man of God, there is death in the pot. Hence the names: Cucurbita prophetæ Elisæi, and mors in olla.

This plant is found in many regions of country, in Spain, Turkey, upon the islands of the Greek Archipelago, in Nubia, Japan, on the coast of Coromandel. In East India we have a species of spurious Colocynth, which is oblong, not round like the genuine.

According to Captain Lyon, the seeds of Colocynth are eaten by the people of North-Africa; these seeds are not poisonous like the pulp; they contain a quantity of mucilaginous matter like the seeds of quince. But the black seeds are poisonous; the people of Elisha may have boiled Colocynth with black seeds.

Colocynth has been employed by the oldest physicians, Hippocrates, Dioscorides, Appolonius, Asclepiades, Andromachus, Plinius. Sydenham, Hufeland and other great physicians used Colocynth. Bayers and Schenck used it to extract teeth without pain; they scarified the gums, caused the patient to hold a decoction of Colocynth in vinegar in his mouth, and then pulled out the tooth with their fingers.

It is a remarkable fact that some of the most distinguished practitioners have been the enthusiastic advocates of Colocynth, whereas other equally distinguished physicians have condemned its use in the most emphatic language. Thus Triller in his Thesaurus of medicine calls the Colocynth "an infamous drug, a thankless, evil-breeding, suspicious, dubious, violent medicine, having exceedingly poisonous properties, and hence to be proscribed from the domain of medicine." Charles Hoffmann, on the contrary, says of Colocynth that Colocynth is to severe maladies what a sledge-hammer is to massive iron; lions are not caught in a mouse-trap, and many a chronic malady remains uncured, because physicians dread the employment of heroic medicines.

But times are changing, and allœopathic physicians are beginning to learn that small doses are often sufficient to effect brilliant cures. Thus Stifft, one of the most violent opponents of Homœopathy in Austria, says: Great things can be achieved by means of Colocynth, if given in small doses. And Van Swieten says that one-eighth of a grain of Colocynth is sufficient to restore the menses.

In his preface to the provings of Colocynth Hahnemann expresses his astonishment that practitioners, instead of employing all sorts of corrigentia to counteract or weaken the excessive action of drugs, and if they did not succeed in this, instead of condemning drugs as dangerous and therefore unfit for use, did not hit upon the very simple and very natural expedient of reducing the dose by making alcoholic attenuations, or triturations with sugar of milk. The very

fact that these apparently simple processes of comminuting the crude drug were never thought of, shows that it required more genius than was possessed by Hahnemann's predecessors, to invent them. After Columbus had discovered America a Spanish Grandee taunted him on a certain occasion that any body might have known that, by sailing westward, land must be discovered some time or other. By way of reply, Columbus took an egg and requested any gentleman present to make it stand upon the point. Nobody knew how to accomplish such a feat. Thereupon Columbus took the egg, dashed the point upon the table, and the egg stood erect. Any body might have done this, and yet nobody thought of it; it took a genius like Columbus to make an egg stand upon its point, and it took a genius like Hahnemann to invent the process of making small doses.

A distinguished practitioner of the fifteenth century, Scribonius Largus, seems to have had a glimpse of the homœopathic law. He alludes to the curative virtues of Colocynth in these remarkable words: "It seems past all doubt that it is particularly suitable to those who are afflicted with diseases of the stomach, since it possesses an exceedingly virulent action upon the stomach." But instead of being led to conclude that Colocynth must therefore be capable of curing by means of small doses of the drug, the very diseases which large doses were capable of causing, this feeble ray of light, so far from illuminating his soul, left it as dark as a tomb, and he contented himself with the simple remark: "In things of this kind, custom is more powerful than reason."

In regard to the physiological effects of Colocynth, we are possessed of exceedingly interesting facts derived from cases of poisoning, and from experiments upon animals. Orfila made several experiments on dogs; but the only prominent effects of Colocynth upon these animals were: fluid, blackish stools, disposition to vomit and vertigo; there were no convulsions before the animals died. A post-mortem examination revealed symptoms of entero-peritonitis in all cases. The lungs, stomach, duodenum and the small intestines showed no perceptible alterations; but the mucous membrane of the rectum exhibited a large number of fiery-red spots. From these facts Orfila concludes that the effects of Colocynth depends more particularly upon the local action of the drug, and upon a sympathetic irritation of the nervous system; he further concludes that Colocynth is absorbed into the current of the circulation, and, by this means, affects the nervous system and the rectum by its direct action; and lastly that it affects both men and animals alike. This conclusion is not borne out by the statement of the traveler Thunberg, who tells us that the natives as well as the colonists of the Cape of Good Hope eat the salted fruits of the Colocynth-gourd without any injury. This apparent harmlessness of this violent drastic may perhaps be owing to the salting process it is made to undergo, or it may be that the poisonous principle is not developed in the unripe fruit; for it is the unripe fruit which is eaten. But we shall presently find, in reading over a few cases of poisoning, that Orfila's conclusions are incorrect.

Dioscorides already had observed that Colocynth, if introduced into the rectum, produced a discharge of blood.

In 1823, a coroner's inquest was held in London on the body of a woman who died in twenty-four hours with incessant vomiting and purging, in consequence of having swallowed by mistake a teaspoonful and a half of Colocynth powder.

Tulpius, in his work entitled OBSERV. MEDIC., notices the case of a man who was nearly carried off by profuse bloody diarrhœa, in consequence of taking a decoction of three Colocynth apples.

In Orfila's General Toxicology, we read the following case of poisoning: A man swallowed three ounces of Colocynth in the hope of getting rid of a gonorrhœa which he had had for some days. In a short time, violent pains in the epigastrium, with excessive vomiting; in about two hours there were copious alvine dejections; the sight was obscured; he heard with difficulty; slight delirium came on, followed by vertigo. After some slight treatment, the symptoms gradually subsided.

These few cases give us an inkling of the powerful drastic properties possessed by Colocynth; and the last case likewise shows us that it affects some of the cerebral nerves, or that portion of the brain from which some of these nerves, more particularly the auditory and the optic nerve, are given out.

Stalapaart van der Wiel, in his "Obserationes," relates the following case of poisoning: A jovial young inn-keeper at the Hague in Holland, desirous of purging himself, bought a colocynth-gourd, pounded and swallowed it. Soon after he was attacked with the most horrible pains in the bowels; he had bloody evacuations; at the same time he had the most violent spasms, so that he doubled himself up like a porcupine. It was with great difficulty that his life could be saved.

The symptoms, in this case, were agonizing spasms in the bowels, with bloody stools.

Hoyer, in his Ephemerides, mentions the case of a young man of seventeen years, who took an infusion of Colocynth. Soon after, he was attacked with bloody stools, excessive anguish and fainting; his strength soon failed him and the patient died.

Another case is reported by Tulpius: A poor man who was suffering with constitutional constipation, swallowed a decoction prepared of three colocynth-gourds; he was attacked with agonizing colic, and excessive discharges of blood from the anus. Drinking quantities of oil and injections of oil saved his life.

Plater relates two cases of poisoning with Colocynth. One is the case of a young prince who was given by his physician pills to purge the bowels. The pills not operating, the doctor enveloped them with a little pulverized Colocynth. After swallowing these, the prince was attacked with bloody evacuations, and horrible colic. The doctor got so scared that he ran away.

The second case terminated fatally. A man who was in the habit of purging himself, usually macerated for this purpose a colocynth-gourd in a bottle of wine over night, and drank it next morning; he had done this a number of times without any bad results; but finally it destroyed his life by causing an attack of acute dysentery.

By dysentery are most probably meant in this case the bloody discharges and the cutting pains which are peculiar to Colocynth. In true dysentery the rectum seems to be the real seat of the inflammatory process which characterizes this disease; but we shall afterwards see that Colocynth does not seem to have any marked action upon the rectum, and that it cannot therefore, be truly homœopathic to common dysentery. It has been recommended for this disease by one homœopathic practitioner after another, the one making it a rule to copy from his predecessor. But Colocynth is really homœopathic to enteritis characterized by bloody stools and cutting and spasmodic pains in the bowels; this is not dysentery as commonly understood, which refers to an inflammatory process going on in the lining membrane of the rectum.

According to Riedlinus, who published a work in 1696, two grains of pulverized Colocynth, given to a robust servant girl, caused vomiting. According to Bœkler, in Hartmann's Materia Med., published in 1745, the same effect was experienced by persons whose business it was to handle Colocynth-gourds for some time. Vomiting has even been excited by applying Colocynth to the stomach.

According to Michaëlis, Colocynth, if applied to the epigastrium, after the epidermis had been removed, has been known to excite diarrhœa.

According to Chretien, applications of Colocynth to the abdomen, caused increased stool and urine.

Fordyce, in his Fragments of Surgery and Medicine, mentions the case of a woman who was a prey to colic for thirty years, from having taken an infusion of the pulp of Colocynth mixed with some beer. This shows that Colocynth must be exceedingly useful in the treatment of chronic diseases.

Frederick Hoffmann tells us, that after using Colocynth in ascites, he has often seen it cause fatal gangrene of the bowels.

Another distinguished practitioner, John Moritz Hoffmann, relates the following interesting case of poisoning with Colocynth: A noble lady took some wine in which Colocynth had been macerated over night. Soon after she was seized with violent cardialgia, frequent vomiting, horrible and cutting colic with discharges from the bowels which were at first muco-serous, soon after bilious, and finally bloody; other symptoms were: a parching thirst, muscular subsultus and spasms of the superior and inferior extremities, violent fever, fainting, coldness of the extremities. At this stage the doctor arrived, and saved her life by the copious use of oily and mucilaginous preparations.

Orfila, in his General Toxicology, relates the following interesting

case: A man of twenty-eight years, who was afflicted with dyspepsia, drank two glasses of a decoction of Colocynth. Soon after, he was attacked with violent discharges from the bowels, colic, great heat in the bowels, dryness of the fauces, and unquenchable thirst. When Dr. Carron arrived, he found the patient with a small and hurried pulse, red tongue, distended abdomen and very sensitive to contact, retention of stool and urine, retraction of the testicles, priapism. Antiphlogistic treatment was resorted to, but the patient died. The doctor had been purposely left uninformed of the cause of his sickness. A post-mortem examination revealed the following symptoms: The whole of the intestines were filled with a whitish fluid, containing a quantity of flocks of the same color; the villous coat of the stomach was ulcerated here and there; the bowels were red, dotted with black spots, and adhering to each other by membranous exudations; liver, kidneys and bladder showed no sign of inflammation.

There is no mention made, in this case, of fiery redness of the mucous membrane of the rectum, which Orfila observed in every experiment instituted upon dogs. The absence of this symptom shows that Colocynth is not homœopathic to dysentery properly speaking; and it likewise shows that the action of a poisonous drug upon animals is not always a criterion for the homœopathicity of this drug to the disease to which man is subject. This case presents a complete group of symptoms delineating the most frightful form of enteritis complicated with peritoneal inflammation, and it shows, moreover, that Colocynth must have a remarkable influence upon the sexual and urinary organs, inasmuch as it caused retention of urine, retraction of the testes and priapism. The symptoms of sexual and urinary irritation seem to have been subordinate or incidental in this case to the inflammatory action of the drug upon the intestines. We judge from this, and other cases of poisoning that the primary action of Colocynth is upon the cœliac plexus and its ramifications over the intestinal walls. In this case the nervous energy was so completely struck down that all organic reaction, which manifested itself in other cases of poisoning by bloody stools, became extinct, and a progressive decomposition of the tissues was set up from the outset, terminating in dissolution of the mucous lining, and gangrene of the peritoneum.

In all these cases of poisoning with Colocynth, the remarkable action which this poison has upon the small intestines, is a most prominent symptom. Duvergie and Ratier (in their Universal Lexicon of Practical Medicine and Surgery) relate another interesting case. A man of fifty-five years, of robust constitution, had been afflicted for a long time with a steatoma on the right knee. He applied to a woman who resided in the neighborhood of Paris near the Military School, and who enjoyed the reputation of being able to cure all sorts of incurable maladies. After having tried in vain all sorts of cataplasms, he took a small portion of a liquor which this woman had prepared for him. Shortly after taking this dose, he was attacked with nausea and vomiting, accompanied by a sensation of

heat and burning in the epigastric region. Rejoicing that the medicine acted, he took a second and even a third dose. Hereupon he was attacked with copious evacuations, intolerable pains throughout the whole abdomen, which finally increased to such horrible tormina that the patient leaped out of his bed, rolled upon the floor, blessing in his blindness the hand that had administered to him this poison. Soon after the patient was seized with convulsions and he died. In his experiments upon animals, Orfila never observed this symptom.

This horrible death excited the suspicions of the public authorities, and Drs. Duvergie and Ratier were requested to make a post-mortem examination. The results of their investigation were as follow:

The meningeal membranes were white and somewhat thicker than usual; the cerebral substance was neither dotted with red points, nor injected; but on taking out the brain, a few spoonfuls of a rose-colored serum were found in its cavity. The lungs were perfectly sound. The stomach and duodenum had a blue-red appearance externally, and the ileum looked rose-colored; the mucous membrane of the stomach and of the duodenum exhibited a vivid redness, traversed by erosions and interstitially distended, so that it might be pulled off and torn without any trouble; these abnormal changes were less marked in the lower half of the small intestine; the color of the colon seemed but little altered either internally or externally. These results deviate considerably from the results obtained by Orfila upon animals. In his six experiments upon dogs, which we find related in his General Toxicology, the mucous membrane of the rectum and the inferior portion of the colon, exhibited a fiery, or purple red appearance. This would seem to show that the manner in which drugs affect animals is no safe criterion for the application of drugs in the treatment of diseases of the human species. Even among animals Colocynth affects one species differently from another. Thus we are told by Viborg, Bourgelat and Mairond that a small horse swallowed four drachms of Colocynth without experiencing any marked effects from it. Experiments upon animals are doubtless of great use; they show us, at any rate, how these dumb creatures are affected by them, and in what diseases drugs may be used with a comparative certainty of relief. But it is only by the effects which drugs produce in the human organism, while in a state of health, that we can learn with positive accuracy the extent and character of their therapeutic uses.

Colocynth was first proved by Hahnemann, and afterwards reproved by Dr. Watzke of Vienna, assisted by a number of intelligent physicians and lay persons. The provings were instituted with massive doses as well as with attenuations. It would lead us too far to relate all these instances of persevering devotion and self-sacrifice. Suffice it to say that, thanks to the efforts of Dr. Watzke and his friends, we have acquired a knowledge of the therapeutic uses of Colocynth which may be said to be next to perfect. In order to show you, however, how true provers proceed in their explorations of the

therapeutic character of a drug, I will relate a few of the shorter, though by no means uninteresting provings.

One of the provers was Dr. Charles Weinke, thirty years old, of sanguine temperament, vigorous constitution, and enjoying perfect health except that he had sweaty feet summer and winter and was disposed to catarrh.

On the 19th of November, 1842, at half past ten in the forenoon, after exercising in the open air for an hour and a half, he took 12 drops of the tincture of Colocynth in water. One hour after, while writing, he experienced in the dorsum of the right foot, on the left side in the direction of the big toe, a painful pressure with slight numbness of the right leg, as if it would go to sleep; when walking, these symptoms were not very troublesome, and they disappeared of themselves in fifteen minutes.

On the same forenoon, at a quarter past eleven o'clock, Weinke took again 15 drops. At three o'clock in the afternoon he had a papescent stool, followed by slight shifting pinchings, and a catarrhal feeling in the region of the umbilicus, and rumbling in the bowels. Afterwards he experienced shooting stitches in the left half of the thorax, and moderate flatulence. At seven o'clock in the evening, he had a semi-fluid stool, the passage of which was accompanied by considerable flatulence. The catarrhal feeling in the umbilical region as if diarrhœa would set in, continued the whole afternoon.

On the 23d of November, at half past eleven in the forenoon, he took 20 drops of the tincture; half an hour after, he experienced a rumbling in the abdomen, a sensation in the abdomen as if he had taken cold, followed by two semi-liquid evacuations. In the afternoon he felt weary, nevertheless the sexual instinct was very much excited.

On the 30th, at half past eleven in the forenoon, he took 60 drops of the tincture in half a tumblerful of water.

Shortly after taking the drug, the prover experienced shooting stitches in the left half of the thorax; catarrhal sensation in the abdomen, and slight rumbling. At a quarter past twelve, he felt a slight pressure in the dorsum of the right foot, more on the left side in the direction of the big toe. At noon, enormous appetite at dinner. At two in the afternoon, sudden urging to stool; soon after, copious papescent evacuation, followed by pinching and a sensation in the bowels as from a cold (a sort of catarrhal feeling,) drowsiness, want of disposition to study. At four o'clock, another diarrhœic stool; afterwards considerable flatulence and a disagreeable feeling of lassitude.

The drug affected the lower extremities in such an unpleasant manner that the prover had to discontinue the use of the drug. The symptoms which he experienced during the last three weeks, were as follow:

Heavy sleep, full of dreams; laziness in the morning on waking at a late hour, and no desire to get up; heaviness of the lower extremities; bloating of both feet, so that his boots felt too tight at the instep; on the dorsum of the right foot, at the navicular and cuneiform bones of the tarsus, a constant dull crampy pain with pressure,

apparently in the periosteum of these bones; the skin over the painful part had the natural color, elasticity and softness; on the right side of the tarsus, a pale, painless, distinctly circumscribed tumor of the size of a pigeon-egg, and resembling a common lymphatic tumor. In the left foot the same pains were experienced as in the right foot, in the same places, except less intensely, nor was there any swelling.

These symptoms were somewhat alleviated by walking, but they still existed in the evening after taking a good deal of exercise during the day, and were then accompanied by excessive weariness of the lower extremities. Whilst these symptoms lasted, the bowels moved slowly, every other day, although the fæces were not particularly hard; the flatulence continued all the time; the secretion of urine seemed somewhat diminished. These effects of Colocynth were not impaired by coffee. The circumscribed tumor on the tarsus continued even after the lapse of six months.

These provings are exceedingly interesting and instructive. Among the twenty and more provings of Colocynth which were instituted by this band of devoted explorers of the therapeutic virtues of drugs, I will select one or two more as good illustrations of the manner in which the business of proving drugs should be conducted.

Dr. Wachtel, thirty years old, of a choleric-melancholy temperament, robust frame, and having enjoyed for years uninterrupted health, began his experiments on the 16th of November, 1842. He took one drop of the tincture in half a tumblerful of water, an hour after eating his breakfast, which consisted of milk and bread. This dose produced no perceptible change.

On the 17th, he took 2 drops; shortly after he felt a dullness about the head which lasted for an hour.

On the 18th, he took 3 drops, without any perceptible change.

On the 19th, 4 drops were taken. These caused for a few minutes a pinching in the umbilical region.

On the 20th, 5 drops; in the afternoon he felt a twitching about the anus, and soon after two ordinary evacuations.

On the 21st, he took again 5 drops, which caused a more copious secretion of urine, but were otherwise unattended with any important results.

On the 22d, 23d and 24th, he took 10 drops each day. On the 22d, soon after taking the drug, he experienced a sensation of pressure in the orbits, towards the root of the nose. In the afternoon he felt a sensation of heat in the nape of the neck, burning and twitching in the rectum and at the anus; soon after, three liquid, slimy, but painless stools. On the 23d, he experienced an embarrassment in the cervical muscles when moving the neck; after dinner he complained of shooting stitches in the region of the liver and in the iliac bone; in the evening: feeling of dryness in the eyes. On the 24th, in the forenoon; urging to urinate, with discharge of a quantity of watery urine, recurring every hour more or less. In the afternoon: dullness of the head, with pressure in the orbits; sensation of

coldness through the whole body, especially in the knees (although the room was sufficiently warm); afterwards pressing towards the rectum, without stool, followed soon after by itching at the anus and orifice of the urethra. In the evening: an uncomfortable and weak feeling in the whole body, especially in the lower extremities; canine hunger, with particular desire for bread and beer.

On the 25th of November, the Doctor took 15 drops, increasing the dose by five drops every day until the 29th. These doses produced the following effects: dullness of the head, scraping in the throat, rumbling in the bowels, constriction in the umbilical region, distention of the abdomen, sensation of emptiness and soreness in the bowels; papescent stools with burning at the anus; itching of the body here and there, obliging him to scratch the parts; shooting stitches in the region of the liver, in the iliac bone, on the dorsum of the right foot, in the metatarsal articulation and in the big toe-joint of the left foot.

After having experimented with the tincture, Wachtel concluded the experiment with the triturated drug. These triturations were made in the proportion of 10 grains of the drug to 90 grains of sugar of milk. The effects obtained with the triturations, were far more instructive and characteristic than those observed after using the tincture.

From the 20th to the 28th of December, he took 10 grains of this first trituration every morning.

On the 21st he experienced a pressure in the forehead; on the 22d, increased secretion of urine and towards evening: dullness of the head; on the 23d, fleeting, drawing stitches in the periosteum of both radii; on the 24th, scraping in the throat, in the region of the uvula. On the 25th, the throat looked red, and deglutition was impeded. On the 26th, a real angina had developed itself which became so violent that the prover deemed it necessary to take Belladonna and Lachesis to counteract it. (This angina was likewise felt by two other provers, Arneth and Rothansi.)

From the 3d of January to the 15th, he took 10 grains of the same trituration every day.

On the 3d, frequent urging to stool, without any evacuation. On the 4th, the taste of the Colocynth seemed particularly bitter and nauseous, and continued all day. In the evening: stitching-drawing along the left tibia down to the tarsal bones, accompanied by a burning pressure in the left eye; these pains continued for about five minutes. Afterwards, very hard stool, like stones. On the 5th, pressure in the temples; itching of the skin here and there, causing unceasing restlessness, so that he was scarcely able to keep still. At noon he drank some beer which seemed to have an exceedingly bitter taste. In the evening, during a walk, he felt as if his strength was entirely leaving him; he experienced a sensation of emptiness in the stomach and soon after, canine hunger. (You will recollect that this same prover experienced a similar sensation on the 24th of November from taking ten drops of the tincture.) No stool on this day. On the 6th, about noon, he experienced a violent cutting pain which darted through the whole abdomen down to the anus

like an electric shock. Soon afterwards: urging to stool, without an evacuation, which took place an hour after, and was composed of fragments hard as stone. In the afternoon: shooting stitches in the right half of the chest (from before backwards.) The whole of this day, the prover experienced a sensation on the back part of the tongue as if it had been scalded; this symptom was made worse by acidulated food, The angina which this prover experienced, was of a similar character, a pain as if the throat had been scalded.

On the 7th, about three in the afternoon, the feeling of weakness in the whole body returned, but without any subsequent canine hunger. Towards evening, a fleeting drawing in the upper and lower extremities; single prickings under the left pectoral muscle. No stool. On the 8th the above described scalding sensation on the tongue was again felt, but less intensely. On the 9th, a drawing pain with pressure in the left foot. At noon, excessive drowsiness. After dinner, a stitching-cutting pain in the right foot as if pierced by a nail. On the 10th, feeling of soreness in the upper portion of the pericranium as if the hair were continually pulled upward. On the 11th, the same sensation was experienced as if the hair were pulled upward, and it was moreover accompanied by a drawing-pressing pain in the occiput. These two symptoms disappeared toward evening.

On the 13th, drawing-stitching pain in both tarsal joints, continuing for about a minute, recurring frequently, not interfering with walking. After taking coffee and wine, these pains become aggravated, and the prover experienced moreover boring pains in the bones of the lower extremities. On the 14th, the same pains continued the whole day with unimportant remissions, but with less intensity. In the afternoon, the upper extremities were affected in a similar manner. On the 15th, he felt an aching pain in the iliac bone which decreased during motion.

On the 16th, the stitching and boring pains were more intense than before, at times in the joints and at other times in the long bones of the upper and lower extremities. In the afternoon, a drawing-aching pain was experienced in both shoulders; this pain was a seated pain. On the 17th, the pains continued, and were moreover complicated by heat in the head and palpitation of the heart; on the 18th, these pains were only felt now and then, and on the 19th, they discontinued entirely. On the 20th, the following symptoms developed themselves in the forenoon: feeling of repletion in the region of the stomach; rumbling in the abdomen with considerable distension of the same; violent colicky pains, continuing for about an hour, and disappearing entirely after two stools which followed each other in rapid succession. In the night of the 22d, he was tormented by shooting stitches in the region of the liver. The next day, he experienced constant pains in the knee joint which impeded walking. The arthritic and rheumatic pains in the joints and long bones of the upper and lower extremities continued until the 1st of February with more or less intensity.

I might perhaps interest you by a relation of the heroic provings of Wurm, Gerstel, Arneth and such men, with one hundred drop

doses of the strong tincture of Colcocynth; but time will not permit me to dwell upon these details any longer; I will not, however, deprive you of the satisfaction of listening to the provings of two young ladies with the 3d attenuation of Colocynth; the provers were exceedingly sensitive to the action of this drug, and although the doses which they took were small, the effects were nevertheless interesting and exceedingly instructive.

One, a young lady of twenty-two years old, a delicate brunette, took, on the 29th of April, 1843, two globules moistened with the third attenuation. Soon after taking the Colocynth, the prover was attacked with inodorous eructations and unusual emissions of flatulence; afterwards drawing-tearing pains in the whole abdomen and in the finger-joints of the left hand.

On the 1st of May, after taking three globules, she experienced frequent inodorous eructations, drawing pains in the nape of the neck and in the muscles of the back.

On the 3d of May, after taking three globules, she felt the following symptoms: pain in the small of the back, tearing-drawing in both thighs and in the left arm as far as the phalangeal articulations.

On the 5th, after taking four globules: tearing pain in the left calf down to the heel.

On the 9th, after taking six globules: deeply-penetrating stitches in the abdomen; tearing in the joints of the left hand, These different pains generally continued from nine to ten hours, and were first felt six or seven hours after the medicine had been taken. She continued her experiments until the 6th of June, but always with the same results.

Her sister Caroline, twenty-four years old, of a lively disposition, robust constitution, having auburn hair and gray eyes, took the same number of globules as her sister, and at the same periods. She experienced the same effects as her sister, and felt moreover deeply-penetrating stitches in both groins, as if a needle had been plunged into the ovaries.

LECTURE XXIX.

GUIDED by the effects which have been observed from Colocynth, we may recommend this drug for affections of various important nervous centers. Colocynth seems to act more particularly upon the sentient nerves, especially upon those which go to make up the plexus cœliacus. It likewise acts upon the trigeminus or fifth pair, upon the sacral plexus, upon the lumbar and crural nerves, and upon the mucous and fibrous tissues over which these nerves are ramified. In affecting the cœliac plexus, it may give rise to inflammatory symptoms in the bowels, and in affecting the crural nerve, its action may gradually lead to paralysis of the extremity. Its action upon the trigeminus is manifested by various neuralgic affec-

tions of the face, eyes and head. It may likewise cause sympathetic irritations in the lungs and heart by its action upon the peripheral extremities of the pneumo-gastric nerve through the connection existing between this nerve and the solar plexus by means of the great sympathetic.

Ranging our symptoms according to the usual fashion, we obtain the following categories:

CEPHALIC GROUP.

One of Dr. Watzke's provers experienced:

"Dullness of the left side of the head, with burning pressure in the left orbit, temple and in the nose, on the dorsum of the nose, and in the upper row of teeth."

Another prover complained of:

"Aching pain in the temples, with troublesome twitching of the upper lid of the right eye."

"Headache towards evening, with inability to attend to any kind of business."

Another prover:

"Dulness of the head, with pressure in the orbits, and a feeling of coldness in the whole body, especially in the knees."

Another:

"Drawing in the scalp;"

"Painfulness of the whole head and of the eyes, increased by stooping;"

"Sensation as if the whole head were compressed, especially from temple to temple, and in the front part of the head, with painfulness of the eyeballs, worse when stooping."

These symptoms seem to show a connection between the cerebral and opthalmic affections. Dr. Watzke connects these two affections as cause and effect, the opthalmic affection being depending upon the cerebral disturbance. According to this theory, Colocynthis never affects the eyes *primarily*, and hence will not be capable of curing an idiopathic inflammatory affection of the eyes.

An interesting case of cure is related by Dr. Schiller in the "Practical Commun. of Homœopathic Physicians, etc." It is a case of opthalmia complicated with encephalalgia. The patient had been afflicted for a considerable period with an almost permanently existing headache, after which the eye became inflamed. When Dr. S. was called, the patient had already lost his sight in consequence of allœopathic treatment. In the right eye, the sight of which was still preserved, the patient complained of burning-cutting pains. Congestion of blood to the head, and discharge of acrid tears from both eyes troubled the patient. Two drops of the tincture of Colocynth every three hours removed the headache in twenty-four hours and effected a considerable abatement of the pains in the eyes. The continued use of Colocynth restored the sight of both eyes completely in eight days, and effected a perfect cure.

In this case, according to Watzke, the encephalic affection was primary, and the opthalmic disease incidental to the former, super-

induced by a sympathetic irritation of the opthalmic branch of the fifth pair of nerves.

Colocynth seems to be particularly adapted to

Arthritic and *Neuralgic Hemicrania*, when the pains are screwing, as if the head were in a vice; or the pains are stitching, tearing and digging and the eye is sympathetically irritated.

A pretty cure is reported by Dr. Attomyr in his "Letters on Homœopathy." A boy of thirteen years had been complaining for four days past of violent stitches in the forehead and eyes, darting from without inwards. The pain continued day and night, abating only momentarily and returning all the more violently after an abatement. The boy had fever, a bitter taste in the mouth, complete loss of appetite, and constipation. Six hours after one dose of Colocynth 30, the pain disappeared, and on the day following the patient left his bed.

One of Watzke's provers experienced a sensation as if the hair were pulled up, accompanied by a drawing-pressing pain in the occiput. This sensation might lead us to recommend Colocynth for

Rheumatism of the Scalp, where this peculiar sensation may occur.

NERVOUS GROUP.

Under this head we may note the various rheumatic and arthritic pains which Colocynth produces: *tearing, drawing and stitching* pains in the joints and bones; also *boring* pains in the bones; neuralgia and hyperæsthesia of the fifth pair, neuralgia of the cœliac plexus and its ramifications; and lastly neuralgia of the lumbar and crural nerves and their branches.

The literature of our School is exceedingly rich in brilliant cures of a variety of nervous disorders. We have already mentioned several cures of neuralgia of the fifth pair under the head of Cephalic Group. We will here mention a few cures of

Ischialgia and *Neuralgia of the Crural Nerve*, and defer the relation of several beautiful cures of irritation of the abdominal plexuses until we come to indicate the therapeutic range of Colocynth in affections of the abdominal organs generally.

A young gentleman of about twenty years, had been suffering with neuralgia of the sciatic nerve for several weeks. The pains were of a lancinating character, flashing along the track of the nerve whenever an attempt was made to raise the limb. Movement ameliorated the pain. A drop of the tincture of Colocynth in water effected a prompt and permanent cure.

One of the most splendid cures on record in the works of the Homœopathic as well as those in the Allœopathic School, was achieved by Dr. Aegidi. A lady, twenty-one years old, received a violent blow against the symphysis pubis in the month of August, 1824, which resulted in displacement of the pelvic bones. This difficulty was speedily removed, but was followed by inflammation of the kidneys, with discharge of purulent urine. The usual anti-

phlogistic means of the Old School improved her condition so far that, towards the end of March, 1825, she only complained of a feeling of numbness and lameness from the small of the back down the thigh, violent and long-lasting pains in the region of the symphysis pubis, which were excited by the least contact, distention of of the abdomen and periodical attacks of colic.

In January, 1826, excessive exercise induced considerable aggravation of her trouble. The patient was only able to sit on the right lower limb. The affected left limb was stretched, with the toes turned inward. From time to time, about ten or twelve times a day, she was tormented by distressing pains darting from the region of the left kidney down the limb as far as the external malleolus, attended with bearing-down, constrictive, colicky pains, extorting tears and cries. In the region of the sacro-iliac symphysis and of the symphysis pubis, osseous swellings developed themselves with burning pain when touched. Tympanitic distention of the abdomen with pain when touched; tenesmus of the bladder, with copious discharge of urine; during the paroxysms of pain the urine was clear, between the paroxysms it was reddish, depositing a sandy-looking sediment of white flocks. Stool irregular; at times the bowels were bound, at others she had frequent, tenacious and slimy stools. Occasionally she complained of a burning pain in the anus during stool, followed soon after by a feeling of weakness and lameness in the anus. Appetite poorly. Periodical attacks of pain in the left side of the chest, and still more violent in the left side of the head. Great prostration of strength; disposition to fainting spells; restless sleep; frightening dreams; alternate attacks of chilliness and heat; irritable mood; expression of suffering in the features; extreme aversion to conversation; disposition to weep; irregular menses.

Leeches, Hyoscyamus, Aqua laurocerasi, Opium were employed for several weeks without affording the least relief. The homœopathic treatment with Cocculus, Sulphur, Nux, Capsicum, Aurum, Mercurius solubilis and Conium, likewise proved utterly ineffectual.

On the 5th of June the red cautery was resorted to. The pains were alleviated in consequence of the suppuration that took place, but the relief only lasted a few weeks. *As soon as the wound began to close the patient was much worse than she ever had been previous to the use of the cautery.* The general health had suffered a great deal; the patient looked pale and hollow-eyed; a hacking cough set in, with hectic fever characterized by distinct evening-exacerbations. The wound was closed up, the patient was put on nourishing diet, China, Iceland moss, Polygala Senega, barley-gruel, etc. In a few weeks her strength returned and the fever disappeared. *The original affection was unchanged.* Warm baths, spirits of hart's horn and the muriate of gold were employed for a few weeks, but in vain.

Under these circumstances, Homœopathy was again resorted to. On the eighth of September, at nine o'clock in the morning, the patient was given a drop of the sixth attenuation of Colocynth in a teaspoonful of distilled water.

On the evening of the same day, the distress of the patient increased to a fearful height. She had no rest in any position, and

was on the brink of despair. A violent tearing pain raged throughout the whole brain, and was especially aggravated by moving the upper eyelids. In the right eyeball she experienced a pain as if knives had darted through it; the pain reached as far as the root of the nose. She was moreover troubled with empty eructations causing palpitation of the heart, spasm of the fauces and continual inclination to vomit; periodical attacks of frightful cutting pain in the bowels emanating from the region of the left kidney, drawing up spasmodically the left lower limb close to the abdomen, and obliging her to keep the trunk bent forward as much as possible.

Aegidi, attributing this paroxysm to the excessive action of the drug, gave her from time to time a teaspoonful of black coffee, and caused her to smell of camphor. In a few hours the pains subsided, *the patient fell into a profound sleep, slept all night without waking and awoke restored to health.* "A peculiar, indescribable feeling of well-being animates my whole body," said she, on waking. She was able to stretch and to bend the diseased limb, to step upon it and to walk without crutches.

On the following morning, she walked to her deliverer's office, assured him that she had felt perfectly well on walking, and that finding that she was again able to walk, she had been unwilling to deprive herself of the exquisite pleasure of being the bearer of such joyful tidings. While uttering these words, she raised her formerly sound limb, and swung herself upon the other limb all around in a circle. Without taking any more medicine the patient improved from day to day; even the osseous swellings disappeared, and her health remained perfect.

Weariness of the lower limbs is an effect of Colocynth. We have seen that this drug likewise causes arthritic and rheumatic pains, stitching pains in the toe, and tarsal articulations; hence we recommend Colocynth for

Arthritis and *Arthritic Rheumatism*, if the pains are stitching, lancinating, boring; the parts where the pains are felt may become œdematous.

INFLAMMATORY GROUP.

Three of Watzeke's prover experienced an angina as if the throat had been scalded. This sensation extended to the root of the tongue. In

Angina faucium, when resulting from arthritic metastasis, with sensation as if the throat had been scalded, Colocynth may prove useful.

We have seen that Colycynth may cause and will therefore cure

Enteritis, with frightful tormina, cutting pains as if the bowels would be cut to pieces; discharges of blood and mucus from the bowels, coldness of the extremities, feeble and hurried pulse. The inflammatory process may likewise affect the peritoneum, causing

Peritonitis, not puerperal, but of an arthritic or rheumatic nature, with stinging, lancinating, burning pains, tympanitis, coldness of

the extremities, hurried and small pulse, violent and distressing straining at stool which may also be present in enteritis. The lower potencies in these diseases are preferable.

ORBITAL GROUP.

The symptoms which Colocynth occasions in this range seem to arise principally from a sympathetic irritation of the organs of vision, in connection with hemicrania, or as a consequence or ulterior development of some neuralgic affection. These symptoms are: cutting and burning pains in the eye-ball; obscuration of vision, vibrations before the eyes, sensation as if the eye-ball were harder than usual.

AURICULAR AND FACIAL GROUP.

Colocynth causes

Buzzing in the ears.

Throbbing pain in the nose, from the middle to the root of the nose.

Digging-burning pain in the facial muscles. Gaspari cured a case of

Prosopalgia, with the following symptoms: Violent tearing-stitching pain in the whole left side of the face, setting in periodically, aggravated by warmth and motion, and accompanied by headache and toothache. A single dose of Colocynth cured it.

DENTAL GROUP.

Colocynth causes a drawing-tearing pain in all the teeth, with sensation as if the roots of the teeth were swollen; also a pain in the lower row of teeth, as if the nerve were scraped and put upon the stretch. Dr. Wurstel who was habitually suffering with arthritic and rheumatic toothache and diarrhœa, remained free from these ailments ever since his provings.

CHYLO-POIETIC GROUP.

The symptoms which Colocynth produces in this direction are not only varied, but penetrating, comprehensive and sometimes attended with agonizing suffering.

Colocynth causes

Craving hunger, and afterwards anorexia;

Empty eructations;

Bitter taste;

Excessive vomiting;

Pressure in the stomach as from a stone. Hence we recommend Colocynth in

Dyspepsia characterized by oppression of the stomach after eating, variable appetite, at one time a violent and unnatural craving for food, and at other times a complete indifference to, and even aversion

to food. This species of abnormal action of the nerves of the stomach may be peculiar to hysteric females, and also to pregnant women.

Bulimia, as a primary derangement of the stomach, an unnatural and continual craving for food, may also yield to Colocynth.

Cardialgia may require Colocynth. Dr. Shrœn cured a case characterized by a burning pain in the pit of the stomach, which did not bear the least pressure and set in with vomiting of the ingesta, quick and small pulse, and agonizing tossing about in the bed. One drop of Colocynth 30 sufficed to stop the pain permanently.

Colocynth also causes cutting and tearing colicky pains, with stitches in the ovaries. It also causes stitches in the liver. Hence we may prescribe Colocynth in cases of

Spasmodic, Neuralgic and *Bilious Colic.*

A stout carpenter, of choleric temperament and fifty years of age, was attacked with colic without any apparent cause. The pains set in about ten in the forenoon, and continued with longer or shorter remissions until midnight. The patient was hot and thirsty, vomited up his food and had not had any evacuation from the bowels for six days. A fortnight's use of cathartics and anodynes had done him no good. A single dose of Colocynth 24 arrested the trouble speedily and permanently.

A young man had taken cold, in consequence of which he was attacked with such violent pains in the bowels that he almost lost his senses. He called for help continually; he felt as if his bowels were cut up with knives. The pains intermitted but returned again more fiercely than ever. The patient had been suffering in this way a whole night. Bitter drops, Hoffmann's anodyne, etc., had been used without effect. Dr. Nenning gave the patient half a drop of the tincture of Colocynth, and in half an hour the pains had left him entirely.

A remarkable cure of chronic tympanites with periodical attacks of colic, is related in the fifth volume of the Archiv. A young woman had been ailing since her last confinement when she had lost a good deal of blood. Her abdomen was exceedingly hard and distended. She had frequent attacks of colic, and had lost her strength. Allœopathic treatment of two years' duration had done her no good. On the 29th of November, 1823, Dr. H——, one of her former allœopathic attendants, who had become a convert to Homœopathy, was called to see her. He found her with the following symptoms: The most violent pains in the abdomen as if the bowels would be crushed between stones; she has to bend double while lying down; tympanitic distention of the abdomen; face pale, sunken, distorted; frequent retching; fainting turns; inexpressible anguish; constipation.

One drop of the twelfth attenuation caused a momentary aggravation of the pain, which soon yielded to a sleep from which the pa-

tient did not wake until morning. The colic and tympanites ceased permanently.

Dr. Hering informs us in the thirteenth volume of the Archiv. that he has cured the *West-India Colic* in the period of three or four days by the alternate use of a globule of Colocynth and black coffee.

Hering says that these cures first showed him the necessity of repeating a remedy in alternation with its antidote. "We confess," writes Dr. Watzke in reply to this doctrine, "that we do not think much of such an alternation of drugs, and that the necessity of such an alternation does not at all seem evident from Hering's alleged cures. The truth is that *these cures do not afford the least evidence in favor of Colocynth.* The aggravation which sooner or later followed the exhibition of a globule of Colocynth may be explained by the natural development of the paroxysm, which rose to a certain height and then became moderated. The black coffee, which we do not by any means look upon as a remedy in this kind of colic, kept the extreme violence of the paroxysms in check, until a new paroxysm broke out, not as a consequence of the globule of Colocynth, but because the narcotic effects of the coffee had become exhausted."

What physician of common sense will refuse his assent to this condemnation of silly doctrines that have been contaminating the pages of homœopathic literature for the last twenty years? In what does this doctrine of giving a drug in alternation with its antidote, differ from the good old doctrines of *Corrigentia?* In order to prevent the excessive effects of Digitalis, a little Opium is added. How much more reasonable it would seem to give a *smaller* dose of Digitalis, instead of poisoning the organism with both Digitalis and Opium! If your dose of Colocynth acts too powerfully, give a smaller dose instead of poisoning the patient first, and afterwards antidoting the poisonous effects of the drug. But the truth was, as Dr. Watzke justly observes, that Colocynth had nothing whatsoever to do with the cure. There was no cure; the dose was *too small,* taking it of course for granted that Colocynth was the remedy.

Colocynth may prove an admirable remedy in certain cases of *Worm-colic,* when the symptoms lead us to diagnose an irritation of the cœliac plexus, of which the worm-symptoms constitute simply a feature, a characteristic element.

An old maiden-lady had been suffering for a fortnight past with periodical attacks of colic, headache, nausea and violent throbbing in the region of the spleen. The throbbing set in towards evening, and lasted from three to four hours. After the fruitless employment of a quantity of allœopathic mixtures, she took some Colocynth-brandy. After having tasted of it four times, she had an attack of colic and diarrhœa, during which she passed seven lumbrici. After this, she felt perfectly well.

Watzke asks with reference to this case: "Does not the periodicity of the paroxysms reveal the neurotic character of this affection? Is this throbbing of the splenetic artery necessarily the consequence of

helminthic irritation? On the contrary, does not the whole affection, together with the worms, seem to result from an abnormal influence of the cœliac plexus upon the organs of digestion? Should not the headache be regarded as the reflex upon the central extremity of the sympathetic? Why were not the worms expelled after using the other cathartics, rhubarb for instance? What is it that determines the selection of a vermifuge in a case of worms? Would, in the foregoing case, the headache, the abdominal pulsation and the lumbrici have yielded to Cina, to Sabadilla or to Spigelia?"

Cruveilhier states in his "Dictionnaire Universel," etc., that he is acquainted with a domestic remedy for lumbrici, which is particularly useful to persons upwards of fourteen years old. This is Colocynth which was held in high estimation even among the ancients. He states that, in the case of two persons he had used Colocynth-brandy internally, and an ointment composed of half a drachm of powdered Colocynth and half an ounce of lard to be rubbed upon the abdomen. After the use of Colocynth, both patients passed a large quantity of lumbrici. All the morbid symptoms which, but for their periodicity, might have been regarded as inflammation of the heart or of the large vessels, disappeared shortly after.

Homœopathic physicians should never lose sight of the fact that intestinal entozoa are the product of an abnormal influence which, instead of organizing normal tissues, disorganizes them, developing disease-breeding parasites in their stead. Worms therefore constitute a prominent characteristic symptom of a pathological process going on in the internal organism. Unless this process is specifically met by some appropriate remedy, worms will continue to form even after their expulsion.

One of Watzke's female provers experienced cutting and tearing colicky pains, with stitches in the ovaries. Upon this symptom we may base the exhibition of Colocynth in

Menstrual Colic, several cases of which are reported in the homœopathic journals.

A woman, thirty-three years old, of lively disposition, and leading a sedentary mode of life, had been attacked for several months past with violent cutting pains a few days previous to the appearance of the menses. From the umbilicus the pains spread to the groin and the internal sexual organs, intermitting half an hour or more every now and then, disappearing in the warmth of the bed, and accompanied with cold feet. Stool papescent, two evacuations every day, which were attended with pinching. The colic was relieved by drawing the lower limbs up close to the abdomen. One drop of the first attenuation of Colocynth removed the pain completely in less than one hour, and the menses made their appearance during the night without any further trouble.

The stitches in the liver which Colocynth produces, may show us its power in functional derangements of this organ. In

Liver Complaint, with stitches in the liver, costiveness and frequent

straining, with expulsion of hard little balls, tympanitic distention of the abdomen, Colocynth may prove of great advantage.

Chronic Diarrhœa, with slimy stools, or soft fæcal stools, with distention of the bowels, tenesmus, sedimentous urine, may find its remedy in Colocynth.

In *Dysentery*, Colocynth has been used with advantage. By our provings, however, we do not find Colocynth indicated in dysentery where the pathological process is going on in the walls of the rectum. The lining membrane of the smaller intestines seems to be more particularly liable to the inflammatory action of Colocynth. Hence we find this agent indicated in dysentery, with discharges of blood and mucus from the lesser intestines, violent cutting and tearing pains in these parts, tympanitic distention of the bowels and painfulness to pressure, tenesmus, chilliness, occasional flashes of heat or heat of the skin with coldness of the hands and feet.

Costiveness may likewise be relieved by Colocynth, if the fæces consist of hard balls, and the evacuation is preceded by a cutting pain flashing through the bowels. Costiveness of this kind may be an idiopathic affection, symptomatic of torpid irritation of the cœliac plexus; or it may occur as a consequence of diarrhœa, or it may characterize a certain form of liver-complaint, to which Colocynth may prove homœopathic.

Colocynth being homœopathic to this form of constipation, we may use it advantageously for the removal of

Scybala, or hard impacted masses of fæces. An impaction of this kind may take place in the cul-de-sac of the rectum, and in old and large hernial protrusions. Under these circumstances it may be necessary to content one's self with the palliative effect of the drug, giving a dose large enough to effect a softening of the impacted masses, after which the bowels will be able to contract and expel their contents.

URINARY GROUP.

Large doses of Colocynth cause retention of urine; small doses, on the contrary, cause frequent discharges of urine which, according to the statement of the prover, has the appearance of urine such as is passed during an attack of dropsy after scarlet fever. Colocynth might possibly be of use in

Albuminuria. In Hirschel's Archive, several cases of this disease are alluded to, where a cure seems to have been effected with large doses of an infusion of Colocynth, in the proportion of ten grains to a pint of boiling water, the whole to be taken in the forenoon within four hours. The result was from ten to fifteen watery stools a day. The patients in whose case this treatment was employed were afflicted with *albuminuria and consequent dropsy*. They were addicted to drinking and had taken cold. After eight or ten days the use of the drug was discontinued for four or eight days, after which period the treatment was resumed as before, for some days, and afterwards

discontinued entirely, although the cure was not yet perfect and the condition of the patients had only been considerably improved. Within four weeks, the albumen and what remained of the dropsical effusion, disappeared of themselves.

We are not by any means prepared to endorse this treatment. The curative effects of Colocynth, in these cases, seem to have resulted from its derivative action; we cannot regard them as the logical consequence of a specific homœopathic relation of the drug to the disease. The alteration of the urine mentioned by Watzke, does not accord with the alterations of the urine existing in Bright's disease. Watzke's record is: "*Since the 24th of November* (1842), *I perspire profusely all over every night towards morning, and the urine which I discharge, resembles in appearance the urine secreted during dropsy consequent upon scarlatina. It has slightly the color of raw flesh, throws down a light brown, flocculent, irregular, transparent sediment,* and *deposits small, reddish, hard and firm crystals so tenaciously adhering to the glass that they cannot readily be washed off by water.*"

Watzke looks upon the appearance of this kind of urine as a critical symptom or *lysis*. When this sweat and urine made their appearance, the pains in the umbilical region and the distress in the head, disappeared. This quality of the urine might lead us to regard Colocynth as a valuable remedy in various arthritic, gastric and calculous affections, but it does not suggest its use in albuminuria.

SEXUAL GROUP.

Colocynth excites the sexual instinct and causes nocturnal emissions in the male, and a copious menstrual discharge in the female.

Several provers of Colocynth found, that this agent causes a retraction of the prepuce behind the corona glandis; hence we may find Colocynth indicated in

Paraphimosis, with spasmodic constriction of the prepuce behind the glans. In one case Colocynth caused a spasmodic retraction of the testicles with priapism. This seems to have been the result of a purely sympathetic irritation, the primary shock having been received by the cœliac plexus, and resulting in fatal enteritis and peritonitis. Nevertheless, in

Priapism, with retraction of the testicles, Colocynth may be thought of. This drug may prove useful in

Menorrhagia, with spasmodic pressing and constrictive pains in the hypogastric region, and irritation of the bowels and urinary organs, manifested by tendency to loose discharges with straining, and frequent urination likewise attended with more or less tenesmus.

In former times Colocynth, and indeed most of the drastics, were used as emmenagogues or menses-restoring drugs.

EXANTHEMATOUS GROUP.

Colocynth has caused

Prurigo, followed by sweat.

Boils, with continual burning pain.

A *Lymphatic Tumor* near the tarsus. Lymphatic tumors of the extremities, especially when grafted upon an arthritic or strumous diathesis, may require Colocynth.

FEVER-GROUP.

Colocynth is not applicable in fever, strictly speaking; but it may prove useful in feverish conditions incidental to bilious, arthritic and gastric derangements, where its use is determined by the presence of such symptoms as we have recorded under the respective headings of Chylo-poiëtic and Nervous Groups.

MENTAL GROUP.

Colocynth seems to possess the power of disturbing the logical cohesion of ideas; it seems to depress the consciousness of one's own identity. Wurm fancied himself in some strange room, not his own, (after taking twenty grains of the first trituration.) Colocynth may therefore be useful in the milder forms of

Dementia, more particularly when accompanied by derangements in the chylo-poiëtic system. Sobernheim, Abernethy, Chrestien and others have employed in affections of the mental sphere an ointment composed of twenty grains of powdered Colocynth, or sixteen drops of the tincture and a suitable quantity of lard, to be rubbed upon the abdomen. In three cases of dementia Chrestien effected a cure by means of from twelve to sixteen frictions which resulted in an increased secretion of urine.

SLEEP

Full of fancies and troubled by voluptuous dreams. This would constitute an additional indication for the use of Colocynth in affections of the sexual sphere.

Dose and Mode of Preparation.

From two or three drops of the tincture to the twelfth or even thirtieth potency in a small tumblerful of water may be considered appropriate in most cases. If my experience is at all reliable, I would recommend the first six potencies to your especial consideration. In very many cases you will find the tincture of this drug preferable to the attenuations.

We make a tincture of this drug, by macerating the pulp of the gourd according to the rules laid down in my fifth lecture. The tincture has a fine straw-colored appearance and a very bitter taste. Triturations with sugar of milk may likewise be made in the usual proportions.

LECTURE XXX.

DIGITALIS PURPUREA,

(*Purple fox-glove.*—Nat. Order :—SCROPHULARIÆ.)

STEM from three to five feet high, upright, leafy, roundish, pubescent or downy. Leaves alternate, between egg-shaped and spear-shaped, crenate, downy, veiny, of a dull-green above and whitish underneath; flowers large and handsome, in long terminal spikes or clusters, pendulous and leaning all one way; corolla of one petal, purple, sometimes white, marked on the inside with blood-colored spots and hair.

In Homœopathy we use the leaves of the second year, which are gathered previous to the period of flowering.

It is commonly found in pastures, woods and on banks, in a gravelly or sandy soil. From the leaves we prepare a tincture of a dark brown-green color, nauseous, slightly acrid.

According to Noack and Trinks, Digitalis affects principally the sympathetic nerve and the cardiac plexus. We obtain from it an alkaloid; Digitaline.

It is a well-known fact that Digitalis affects the pulse in a remarkable manner. According to some it depresses, according to others it stimulates the pulse; it likewise causes an intermission in the beats of the pulse. After relating some of the most characteristic effects of Digitalis, I will endeavor to account for this apparent antagonism.

Baron Stœrck, one of the most energetic and distinguished explorers of the medicinal virtues of drugs, who taught at the University of Vienna in the latter half of the eighteenth century, found that two grains of Digitalis produced in himself nausea, headache, a small, soft and quick pulse, dryness of the gums and throat, giddiness, weakness of the limbs and increased secretion of saliva; some hours after, he observed sparks before his eyes; his vision became dim, and he experienced a sensation of pressure on the eye-balls.

The primary action of Digitalis upon the organism is best studied from a few cases of poisoning.

In the Edinburgh Medical and Surgical Journal, Vol. 8, p. 148, the following interesting case is reported by Dr. Henry. Dr. W. Henry was called, in October, 1809, to assist a female, an out-patient of the Manchester Infirmary, laboring under dropsy, who had taken an over-dose of a decoction of fox-glove. It was prepared by boiling two handfuls of the leaves in a quart of water, and then pressing the mass so as to expel the whole of the liquor. Of this she

drank two teacupfuls at seven o'clock in the morning, amounting in the whole to not less than ten ounces by measure. Before eight, she began to be sick, and vomited part of the contents of her stomach. Enough, however, was retained, to excite vomiting and retching throughout the whole of that and the following day, during which every thing that was taken was instantly rejected. In the intervals of sickness, she was excessively faint, and her skin was covered with a cold sweat. The tongue and the lips swelled, and there was a continual flow of viscid saliva from the mouth. Very little urine was voided on the day she took the Digitalis, and on the following days the action of the kidneys was entirely suspended. When Dr. Henry saw her, which was forty-eight hours after she had taken the poison, the tongue was white, the ptyalism continued, though in a less degree, and the breath was fetid. The pulse was low, irregular (not exceeding 40,) and after every third or fourth pulsation, an intermission occurred for some seconds. She complained also of general pains in the limbs, and cramps in the legs. By the use of effervescent draughts, and ether, with ammonia, she gradually recovered her imperfect health. This patient had not taken any mercury, so that the ptyalism was entirely attributable to Digitalis.

In this case the principal effects of Digitalis were:

1. Sickness at the stomach, followed by vomiting of the ingesta, retching; this continued the whole of the next day.
2. Faint feeling, and cold sweat between the paroxysms of sickness.
3. Swelling of the tongue and lips, with continual flow of viscid saliva from the mouth.
4. Diminution and finally suppression of urine.
5. White coating of the tongue.
6. Fetid breath.
7. Pulse low, and intermittent after every third or fourth pulsation.
8. General pains in the limbs and cramps in the legs.

These effects of Digitalis bear strong evidence of the acrid and narcotizing virtues of this drug. Its irritating action upon the digestive organs is evidenced by the swelling of the tongue, and the vomiting, by the white coating on the tongue, the flow of saliva, and the fetid breath. Its depressing action upon the ganglionic system by the faint feeling, and the pains in the limbs and cramps in the legs. Its paralyzing action upon the heart by the slow and intermittent pulse; and its remarkable action upon the urinary organs by the entire suppression of their habitual secretions. All these symptoms constitute precious indications for the use of Digitalis in several important disorders.

In another case, six ounces of a strong decoction were taken as a laxative early in the morning. Vomiting, colic and purging were the first symptoms; in the afternoon lethargy supervened; about midnight, the colic and purging returned; afterwards general convulsions made their appearance. At an early hour of the succeed-

ing morning, the patient was found violently convulsed, with the pupils dilated, and insensible, and the pulse slow, feeble and irregular; coma gradually succeeded, and death took place twenty-two hours after the poison was swallowed. The post-mortem appearances are very imperfectly recorded in this case.

This case, which has been extracted from Christison's work on Poisons, shows the acrid and narcotizing virtues of Digitalis in a most marked manner; the principal symptoms in this case being: vomiting, colic and purging; convulsions, with dilatation of the pupils, insensibility, slow, feeble and irregular pulse, and gradual supervention of coma.

In two other cases reported by Christison, death took place from gradual collapse or paralysis of the heart's action. The leading symptoms were debility, vomiting and fainting fits.

Another interesting case is recorded in a French medical journal by Dr. Bidault de Villiers. A Pole, fifty-five years of age, afflicted with humid asthma, took about one drachm of Digitalis by mistake, instead of a grain of the powdered leaves. An hour after, he ate some soup, which he immediately vomited. The vomitings continued, accompanied with vertigo, so that he could not stand upright nor distinguish objects. The whole day he had violent bilious and mucous vomitings, accompanied with great depression and abdominal pains, which were diminished by two emollient injections. These symptoms continued the whole of the next day and night. The patient was still further depressed; the pulse was slow and intermittent: and this symptom continued with but little alteration to the ninth day, when it disappeared. At this time, the vision was still confused, the fire appeared to him of a blue color; and on the fourteenth day this symptom ceased. The cough and asthma left him.

In this case we again distinguish, as in the former cases, the remarkable effects of Digitalis upon the brain, the bilious and digestive functions, upon the pulse, and likewise upon the sense of vision. We have bilious and mucous vomitings, and abdominal pains; vertigo, prostration of strength, slowness and intermission of the pulse, confusion of sight, blue color of the fire.

Dr. Bidault de Villiers himself took a pretty good pinch of the powder of the leaves of Digitalis, which he had prepared with great care, and the following symptoms were elicited: An extreme bitterness in the mouth, which increased the secretion of saliva to a considerable extent, and which continued after he had got rid of the Digitalis from the mouth; after the sensation of bitterness had entirely disappeared, he perceived a slight acridity in his throat. It also caused a sort of desire to vomit, and likewise a slight palpitation of the heart, with dryness in the mouth.

In this case we have bitter taste, acrid sensation in the throat, slight palpitation of the heart, and dryness in the mouth.

In Wilson's Medical Gazette, vol. 34, page 659, the following interesting case of poisoning by Digitalis is recorded:—A healthy, robust young man, affected with sore throat, was advised to take

throatwort tea. Having filled a quart pitcher with the fresh leaves of the Digitalis purpurea, he poured upon them as much boiling water as the pitcher would hold. Of this strong infusion he took a teacupful on going to bed, which caused him to sleep soundly. In the morning he took a second cupful (the infusion being much stronger), and he then went to his work. He soon felt dizzy and heavy, began to stagger, lost his consciousness, and at length fell down in a state of syncope. On being conveyed home, he vomited severely, and suffered extreme pain in the abdomen. When visited, he was conscious; complained of great pain in the head; the pupils were dilated, and the surface cold, pallid, and covered with copious perspiration. The pulse was low, about forty a minute, three or four feeble pulsations being succeeded by a complete intermission of several seconds, and each stroke, though weak, was given with a peculiar explosive shock. There was still great pain in the abdomen, with incessant and violent vomiting, no diarrhœa, suppression of urine, and an abundant flow of saliva. Brandy and ammonia, with warmth, were employed, and after the reaction had fairly commenced, purgatives were administered. The man slowly recovered, but the pulse presented its peculiar rhythm and weakness for several days; during this time the man could not bear the upright position.

In this case the effects of Digitalis upon the brain, the heart's action, the abdominal organs, and more particularly upon the bowels and urinary organs are unmistakeable. They resemble in all respects the effects witnessed in former cases, and bear testimony to the acrid and narcotic character of the drug.

The symptoms in this case, are: dizziness, staggering, loss of consciousness, vomiting, syncope, severe pain in the abdomen, great pain in the head, dilatation of the pupils, and the surface of the body cold, pallid, and covered with copious perspiration; depression and intermission of the pulse, suppression of urine and an abundant flow of saliva.

Blackall, in his "Observations on the Nature and Cure of Dropsies," reports the following case of poisoning with Digitalis: a man, sixty years old, was subject to irregular gout and dyspepsia, considerable dyspnœa, legs œdematous and spotted with a few petechiæ. Half an ounce of the tincture of Digitalis was given daily for some time, and then in lesser quantities. During the use of no more than two drachms of the infusion daily, a pain came over one of his eyes. He complained of great disturbance of his brain, which he himself referred to the draughts, and within twenty-four hours this symptom was followed by a watery, exhausting diarrhœa and low delirium. General convulsions speedily ensued, in which there was complete insensibility, and foaming at the mouth, with an almost total cessation of the action of the heart. From this state he was recovered by an opiate injection. Similar paroxysms returned two or three times during the next three weeks. In the intervals, he became forgetful, delirious, and felt much pain in his head. The anasarca totally disappeared, discovering the most excessive emaciation; his posture in

bed became nearly natural, and in one of these convulsions he expired.

In this case, Digitalis developed more intense effects in the brain for the reason, probably, that the general vitality of the patient was at a low ebb. The complete absence of nervous reaction is exhibited by the almost total cessation of the beats of the heart, by the exhausting, watery diarrhœa; by the low delirium; and it is moreover evident, in this case, that Digitalis produces its constitutional effects by acting upon the brain, so much so that the patient himself was conscious of this circumstance.

The last case of poisoning which I shall relate to you, is from the London Medical Gazette, Vol. XXXI., p. 270. A man, aged fifty, took the tincture in medicinal doses, that is: in doses of from 40 to 50 drops of the strong tincture, daily for twenty days, which produced the following symptoms: the pulse which during the former use of the medicine, had lessened by ten or fifteen beats in a minute, sank to almost half its usual number. The patient was tormented by the most painful disquietude, so that even in the night he left the bed at every moment; could not sleep, and, with his eyes open, conversed with persons who were not present. At the same time the pupils were dilated, the conjunctiva both of the eye and the lids was red. He had but little appetite, with great nausea, violent thirst, and dryness of the mouth. The alvine evacuations were scanty, secretion of urine increased; these phenomena disappeared in about six days.

In this case we see it stated that Digitalis causes excessive restlessness; that it disturbs the imaginative faculty, develops an inflammatory condition of the eyes, and causes an increased secretion of urine. In the former cases this secretion was suppressed; here we meet with an opposite statement. We shall be able to reconcile this apparent paradox.

Jœrg, the late able and industrious Professor of Materia Medica in the University of Leipsic, has subjected the fox-glove to a series of interesting experiments. He was assisted in his experiments by seven male members and one female member of his Provers' Society. In all of them, the drug affected the brain, causing a vertigo somewhat resembling intoxication, a feeling of dullness, a sort of stupefaction of a milder form, and in most of them a headache in the region of the occiput, vertex, forehead and temples. In some of them this headache was very distressing and lasted for several days. In one case the pain amounted to a stitching.

Another remarkable effect of the powdered leaves was a peculiar alteration in the pulse. The pulse was not slow and intermittent, but rather accelerated and small; only in the case of one of the provers who seemed to be exceedingly sensitive to the action of the drug, the frequency of the pulse was temporarily diminished. The experiments were conducted with one, two and three-grain doses of the powdered leaves. Small quantities of the drug do not seem to develop its primary action upon the pulse, which consists in de-

pressing the heart's action; this effect can only be reached by massive doses of from thirty to fifty grains, except in very sensitive individuals. Hence, so far as the pulse can yield therapeutic indications, Digitalis is indicated either by a slow, undulating, intermittent, or by an accelerated, small and rather unequal pulse.

Hervieux found that Digitalinum, the active principle of Digitalis, affects the pulse in a remarkable manner. If the pulse is regular, it causes irregularity of the pulse. If the pulse is irregular, it removes the irregularity, substituting regularity in its stead. And if the pulse intermits irregularly, at one time intermitting after the sixth, at another after the eighth, and then again after the fifteenth beat, it regulates the intermissions, causing them to take place at fixed intervals. Is not this a beautiful confirmation of the homœopathic law: that drugs will cure the morbid conditions which they are capable of exciting? How strange that this simple law of Nature should not excite the attention of allœopathic experimenters! Unfortunately they conduct their experiments under the bias of preconceived theories; hence their blindness.

Another remarkable effect of Digitalis developed by Jœrg's provers, was an increased secretion of urine. In almost all of them the quantity of urine secreted in a given time exceeded considerably the normal standard. In some the bladder always felt full, a sensation that would persist even after an emission. The urine was watery and light-colored, except in the case of one prover, where the urine looked darker and deposited a red sediment the nature of which is not indicated. In the case of the female, this profuse flow of the urine was attended with a stitching pain in the region of the kidneys.

Another very remarkable effect of the drug was to cause an extraordinary excitement of the sexual organs which was accompanied in one case with itching of the glans penis and distressing erections. This sexual excitement became so troublesome to one of the provers that he had to discontinue the trial for a few days.

The gastric functions were likewise effected. In one case, the drug caused thin diarrhœic stools; in several provers the craving for food was abnormally increased; in one, whose extraordinary sensitiveness to the action of Digitalis I have already alluded to, it caused loss of appetite, complete anorexia which constitutes one of the primary effects of foxglove. Eructations, rumbling in the bowels and colicky pains were likewise complained of. *Burning* in the œsophagus, sometimes emanating from the stomach, was a common symptom. In some of the provers, this burning was accompanied by a scraping sensation. Jœrg experienced a sensation as if the upper part of the pharynx were swollen, or pressed upon the tonsils. He felt this burning in the œsophagus very keenly; in his case this burning and scraping invaded even the air-passages.

Lastly, we have to allude to the remarkable manner in which Digi-

talis affected the sense of vision. In all of them, it caused a dimness, objects looked blurred. Some experienced a sensation as if objects were not seen in the right light. Others saw sparks flying through the air. Diplopia or doublesightedness was likewise developed. A very common effect of Digitalis upon the retina is to cause a sensation of dazzling similar to what is experienced when suddenly looking out of a dark room into bright daylight. This sensation was felt by one of the provers.

Upon analyzing the effects of Digitalis as far as they have been presented, both from large and small doses, we cannot fail to be struck by the fact that they all seem more or less connected, and traceable to a common origin. Where is the fountain-head of these diversified phenomena? Where is it that the action of foxglove upon the organism is first perceived by the sensorium? We will answer this question. Digitalis first acts upon the organism where the brain, in its inmost principles of quickening vitality, connects itself with the ganglionic system of nerves. We notice a remarkable similarity between the action of Digitalis and that of Aconite. Both Digitalis and Aconite depress the pulse, irritate the urinary organs or arrest the flow of urine, cause cerebral congestions, disturb the intestinal secretions, the functions of the liver. Yet there is a vast difference between these two agents. Aconite affects the organs directly through the ganglionic system; Digitalis reaches them from a more remote, as it were, though deeper, more interior point. Aconite acts from some point in the periphery of the organism; Digitalis from some point near the centre of the vital forces. Hence it is that the action of Digitalis is more permanent, because more searching, than that of Aconite. Hence again, the signs of reaction, in the case of Aconite, are more violent, for the time being, than those of Digitalis; they are seen on the surface, and soon spend their force. Aconite depresses the pulse, and even disturbs its rhythm, causing irregularities and intermissions: so does Digitalis. But during the reaction, the Aconite-pulse becomes full, strong, rapid and bounding, whereas the Digitalis-pulse simply increases in frequency, but remains weak and unequal. Aconite never destroys life suddenly, Digitalis may strike down a man predisposed by disease, with the suddenness of a flash of lightning. More than once has a patient afflicted with hypertrophy of the heart, been deprived of the little flicker of cerebral reaction of which he may still have been possessed, by an enormous dose of Digitalis. He fancies himself improved, swallows another dose of the poison, and soon after falls down annihilated, as it were, without any sign being discoverable in the body that could satisfactorily account for such a catastrophy. The functional power of the brain itself had been extinguished, as you might extinguish the dimly-flickering flame with a single breath; the ganglionic system, its own supplies of vitality being cut off, perishes at once together with those beautiful combinations of tissues and organs which, a moment ago, had still presented to the mind's view a mechanism of living harmony.

You perceive now, Gentlemen, why in common cases of rheumatic

endocarditis, Digitalis would not be a proper remedy, and why we should give the preference to Aconite. It is, so to say, a local disease where that portion of the ganglionic system which regulates the functions of the heart, is alone involved. This is the cardiac plexus of nerves. We give our Aconite, and we shall soon succeed in hushing up the disease. Of course the cardiac plexus has to be assisted by the brain in its endeavor to restore the functional harmony of the heart. If we were to give Digitalis at the onset, we should reach beyond the locality where the accident has happened.

But suppose the brain itself should flag; suppose this sinking of the cerebral reaction should become manifest by feebleness, irregularity and intermission of the pulse; supposing it should have become evident by such unmistakable signs that the brain, in its efforts to prevent disorganization of the heart's substance or valves, should have exhausted its energies without accomplishing its purpose; we should then come to the rescue by Digitalis, stimulate the reactive power of the brain, and, by this means, enkindle a new metamorphosis in the diseased tissues, or preserve at least what is left of organic life.

There is scarcely a medicinal agent that has been more extensively applied for the cure of diseases than Digitalis. To those who were in the habit of swearing by the contra-stimulism of Rasori, Digitalis proved quite a God-send. Its remarkable property of taking down the pulse, secured for it in the school of Rasori one of the highest ranks among the hyposthenisants, or inflammation-combating drugs. Wherever the Rasorians snuffed irritation or inflammation, Digitalis, Calomel, Tartar emetic were depended upon to quiet the storm. Modern practitioners are more reasonable concerning the use of Digitalis. Trousseau and Pidoux even go so far as to positively declare that the use of Digitalis should be restricted to organic and functional disorders of the heart and to dropsical affections. Placing ourselves upon the ground of positive experimentation, where Hahnemann and Jœrg have obtained beautiful results, and where even the dark facts of toxicology proclaim in startling accents the tremendous energies of our drug, we shall have no difficulty in presenting a tolerably correct and complete view of the affections where Digitalis may either achieve a cure, or at least afford relief to the sufferer.

CEPHALIC GROUP.

Our provings show that Digitalis is capable of causing

Headache. In one case the headache was first felt in the occipital region, whence it spread to the vertex. Another prover felt a severe stitching pain in the head. Headaches to which Digitalis is homœopathic, are generally attended with some alteration in the character of the pulse: it is either slow and inclining to intermissions, or else small, unequal and accelerated. The headache may be accompanied with symptoms of gastric disturbance, nausea, inclination to vomit, flow of saliva, or even profuse and abnormally frequent urination. We may consider Digitalis indicated in

Gastric, Arthritic and Hysteric Headaches.

The symptom, as if the brain were full of water, seems to point to the use of Digitalis in

Hydrocephalus. If effusion of serum takes place into the ventricles in a case of encephalitis, the pulse is apt to go down very suddenly; it becomes heavy and slow. This change would seem to indicate Digitalis. We have an abundance of clinical evidence to substantiate the curative virtues of Digitalis in this disease. Allœopathic physicians have effected cures by means of very large doses, some thirty drops of the tincture two or three times a day, without occasioning any untoward symptoms, and homœopathic physicians have obtained similar favorable results by using small doses, one or two drops of the first or second attenuation in a tumblerful of water, in tablespoonful doses.

Vertigo may yield to Digitalis, if the pulse is slow and intermitting. This species of vertigo may arise from, or be attended with incipient cerebral disorganization. It may come on in paroxysms, resulting in momentary loss of consciousness. The face and head may feel hot.

Fainting Turns are caused by Digitalis and may therefore afford a therapeutic indication for its use in affections of the heart or larger vessels, in which case they will always be accompanied by the characteristic slow and intermittent, or rather accelerated, unequal and small pulse.

The *Convulsions* which Digitalis occasions, are symptomatic of some other cerebral disease, such as effusion or softening; they are not idiopathic conditions of the nervous system.

Restlessness is another symptom which is of value only in so far as it may render the indications for Digitalis in other important affections of the brain or heart all the more certain.

SPECIAL SENSES.

The action of Digitalis upon the sense of vision is exceedingly marked and varied. We may consider the effects of Digitalis in this direction under two heads, inflammatory and nervous. Among these effects we see it stated that Digitalis causes "an inflammation of the Meibomian glands." We might recommend Digitalis for

Granular Ophthalmia, also with smarting lachrymation and painful pressure in the eyeballs.

The inflammatory action of Digitalis upon the eye is comparatively unimportant; the alterations which this agent causes in the functions of the retina, are far more interesting.

The members of Jœrg's Provers' Society were all more or less affected by the fox-glove in this direction; they experienced

Dimness of sight;

Sensation as if objects were not seen in their right light;

Sensation as if sparks were flying through the air;

Diplopia;

Dazzling, as when suddenly looking out of darkness into bright light.

Hahnemann has recorded a number of remarkable symptoms showing that Digitalis powerfully affects the sense of vision.

In several cases Digitalis has caused

Amaurosis, with excessive dilatation of the pupils. This symptom is more particularly valuable in cerebral affections where Digitalis may seem indicated, such as dropsy of the brain.

Dimness of sight or *Amblyopia*, is a common effect of Digitalis. Objects look misty, as if seen through a cloud.

Muscæ volitantes, an amaurotic symptom, constitute one of the effects of Digitalis.

Optical phantasms and illusions of color or *Chromatopsia* are likewise common. On waking in the morning, he fancies that every thing is covered with snow. Objects look *green, red or yellow;* this symptom is even perceived in the twilight. The faces of people look pale like those of dead persons.

Luminous bodies are seen dancing before the eyes when covering them with one's hands. All these symptoms are valuable as characteristic features in amaurotic conditions of the eyes. It is doubtful whether in cases where Digitalis may be required, they will ever be found to exist without some strikingly corroborative alteration in the pulse.

Patients who are treated with large doses of Digitalis, frequently complain of luminous vibrations in the field of vision. In order to verify this fact, Purkingé instituted experiments with Digitalis upon himself, commencing with three grains of the watery extract of the drug. This small dose very soon caused *feeble vibrations before the left eye.* The sensation was like a tremulous motion of the crystalline lens whenever he undertook to look at any thing. Purkingé, suspecting that these vibratory, tremulous motions might depend upon some irritation of the pulmonary and cardiac branches of the pneumogastric nerve, instituted another more energetic experiment which led to very interesting results. An hour after his breakfast, which was moderate, he swallowed a concentrated decoction of the leaves of Digitalis, two drachms of the leaves boiled for half an hour in half a quart of water. About ten o'clock he experienced *nausea*, the pulse went down to fifty-four, with *intermissions;* every intermission was accompanied by a feeling of oppression *as if the heart were slightly grasped with the hand.* About eight and a half in the evening, he had an attack of cardialgia with intermittent pulse and congestions of the head, especially the occiput, with disposition to vomit. Next morning he vomited a quantity of the decoction, after which he perceived the *vibratory tremors* in the left eye, accompanied by loathing, oppression about the heart, trembling in the muscles and debility. These symptoms continued all day. About noon, the same tremors were perceived in the right eye. The eyes were very *sensitive to light.* On the third day the calves of the legs felt very weary, he was attacked with a slight diarrhœa, the urine was red and burning, and on the cornea of the right eye, towards the canthus, a pustule made its appearance after a previous burning

feeling in the eye, surrounded by a circle of injected vessels. These disturbances of the organ of vision continued about a fortnight. Purkingé likens the appearance in which the vibratory tremors in the eye seemed to culminate, to a *rose;* hence he designates this peculiar optical phenomenon by the appellation of *Flimmerrose* or *vibrating rose.*

Purkingé experienced another peculiar sensation, a sort of optical phosphorescence, as when lines are drawn with Phosphorus in the dark, which are vibrating towards each other and increasing or decreasing at intervals as regards intensity. The experimenter argues that these phenomena are sympathetic in their nature, and should be attributed to a primary irritation of the pneumogastric nerve.

In a therapeutic point of view it is of the highest importance thus to determine with the utmost possible accuracy the value of isolated phenomena. If the derangements of the organ of vision, to which Digitalis gives rise, are sympathetic results, not idiopathic affections of the retina, Digitalis can only remove them in so far as it is adapted to the primary affection upon which these sympathetic conditions depend. According to Purkingé, this primary affection is an irritation of the pneumogastric nerve, characterized by marked disturbances in the functions of the heart and lungs.

CHYLO-POIËTIC GROUP.

Digitalis exercises a remarkable influence over the organs concerned in the process of digestion. We have seen that Digitalis powerfully irritates the salivary glands and causes a burning sensation in the stomach and œsophagus. Hence we may give it in cases of

Heartburn or *Pyrosis,* where these symptoms occur. A lady who was under treatment for epilepsy, but otherwise enjoyed tolerable health, drank an infusion of forty grains of the pulverized leaves of Digitalis in thirty-eight ounces of boiling water, which produced extraordinary changes in the frequency, regularity and intensity of the beats of the heart and a *spasmodic contraction* from the cardia to the middle of the œsophagus, preventing even the passage of liquids beyond this point. The passage of liquids from the mouth to this point in the œsophagus was accompanied by a *sensation of coldness* in those parts. The liquids were not rejected, but they gradually glided down into the stomach imperceptibly to the patient.

This contraction of the œsophageal tube has been experienced by other patients and also by provers. You recollect that Jœrg experienced a sensation in the upper part of the pharynx as if the walls of the pharynx were swollen, or as if the pharynx were pressed upon by the tonsils. And in Henry's case of poisoning Digitalis caused a swelling of the tongue and lips. These effects of the drug seem to be of the same order, emanating from the action of the acrid principle of this poison upon the lining membrane, which seems to be characterized by swelling, burning and a corresponding feeling of contraction. We might therefore recommend Digitalis for

Dysphagia, when the phenomena which we have described justify the use of the drug.

It would seem as though Digitalis might subserve useful purposes in

Mercurial Pytalism, with discharge of ropy saliva, swelling of the tongue, fetor of the mouth, etc.

We know that Digitalis causes a remarkable train of gastric disturbances, such as: Nausea, vomiting of bile, and other derangements which are found recorded among the provings.

In a fatal case of poisoning related in the Edinburgh Medical Comment., a woman who had swallowed twelve leaves of Digitalis in six doses, vomited for six days in succession, and finally died. The ileum was found inflamed, and an exudation had taken place, which caused adhesions of the bowels here and there. This case shows that Digitalis may cause enteritis.

In gastric affections where Digitalis is indicated, we shall find them as a general rule associated with symptoms denoting an irritation of the urinary or circulatory apparatus. These symptoms may co-exist or they may manifest themselves with a certain alternate regularity. You recollect that some of Jœrg's provers experienced a gnawing hunger; I have often seen this symptom co-exist with palpitation of the heart, another effect of Digitalis. The primary effect of this drug upon the nerves of the stomach is to depress their functional power. Digitalis causes loss of appetite, an indifference to food, an abnormal sensation of warmth in the stomach, a whitish coating on the tongue. These symptoms may co-exist with a slow and somewhat intermittent or irregular pulse. The homœopathicity of Digitalis to gastric derangements does not seem to be complete without such an alteration of the pulse as is characteristic of this drug. In

Enteritis, Colic, Diarrhœa, Digitalis could not be used with advantage unless this peculiar alteration of the pulse was present. In these very severe irritations or inflammations of the intestinal canal, the urinary secretions are either deficient or suppressed.

It will be recollected that, in some of Jœrg's provers, Digitalis excited an unnatural craving for food; hence in

Bulimia, this drug may prove serviceable to some patients.

Whether we prescribe the fox-glove in

Dyspepsia or *Cardialgia*, with abnormal craving for food, or complete anorexia; crampy or pulling pains in the stomach; heat in the stomach; sensation of weight in the stomach alternating with faint feeling; or sensation as if the stomach were utterly prostrated and life itself should become extinct; vomiting of green bile, with general prostration; or for

Diarrhœa where gastric derangements such as we have described are generally present, sinkings at the stomach, white-coated tongue, pinching pains in the bowels; or for

Enteritis, with excessive tormina, discharges of mucus and blood,

and violent tenesmus; we shall always find the pulse altered in the manner which we have pointed out, feeble, small, unequal and soft, or full but soft, intermittent, irregular and slow.

Jaundice is one of the remarkable effects of the peculiar action of Digitalis upon the liver. The stools look ash-colored and may either be perfectly dry like the excrements of dogs, or liquid and papescent. In jaundice where Digitalis is indicated, we shall again find that the pulse shows symptoms of intermission and abnormal frequency. The patient complains of a bitter taste in the mouth, headache, dizziness, nausea; the urine is thick and has a brownish appearance.

URINARY GROUP.

Digitalis is always regarded by Old-School practitioners as a diuretic. It undoubtedly promotes the urinary secretions, but it does so only if the dose was not too large to overpower the brain. We have seen from our cases of poisoning that Digitalis causes suppression of the urinary secretions. This may be accounted for either upon the ground that small doses only permit the organic reaction, a symptom of which, in the case of fox-glove, is to increase both the quantity and the frequency of the urinary secretions. Or, it may be accounted for upon the ground that Digitalis is both a narcotic and an acrid substance. If administered in large doses, the narcotic element ranges supremely, binding the brain and consequently clogging the organic faunctions; if given in small doses, the acrid element sways the tissues, the narcotic element holding a secondary rank, though not altogether inoperative, Under the influence of the acrid element the bladder may discharge urine as frequently as it collects in this organ. In the case of Digitalis these increased discharges of urine constitute sympathetic or critical evacuations. In dropsy, Digitalis will effect such critical derivations of the effused fluid. If Digitalis should be indicated in

Enuresis, we shall find that the brain is suffering, and that either gastric or cardiac derangements such as we have pointed out previously, are present.

Monro mentions a case of

Inflammation of the Neck of the Bladder caused by Digitalis. In such a case, the medicine is indicated by strangury, burning urine, which is moreover scanty, turbid, depositing a thick blood-red sediment; constant and distressing urging, etc.

THE SEXUAL GROUP

is not without importance. You recollect that small doses of Digitalis cause violent sexual excitement. The female sexual system is similarly affected. Large doses depress the sexual power. In a case of

Amenorrhœa, where the other symptoms correspond with the general action of this drug; Digitalis may therefore restore the menses.

A girl had a fright, in consequence of which her courses stopped.

She began to cough and grow thin. This continued for two years. Her cough increased upon her, and she was very much reduced in flesh. Her skin was dry and wrinkled, she had night-sweats and hectic fever, diarrhœa, was constantly troubled with paroxysms of rush of blood and anxiety; her feet and legs were much swollen, and often became painful and erysipelatous. She took an infusion of Digitalis, two drachms of the leaves to a pound and a half of water, a tablespoonful every three hours, and was soon restored.

THE THORACIC GROUP.

By the older physicians, Digitalis has always been considered as a sort of panacea for pneumopthisis. Our provings of this agent certainly bespeak for it curative powers in affections of the respiratory organs. Hahnemann himself reports

Hoarseness;

Bloody cough;

Feeling of rawness and stitches in the chest;

Painful, suffocative constriction of the chest, as if the internal parts were all adhering.

You recollect that Professor Jœrg experienced a

Roughness and smarting sensation in the trachea.

Other observers have noted, with much uniformity, a

Painful shortness of breath;

Contractive pains in the region of the sternum, etc.

These physiological results do not by any means vindicate the high curative virtues which Digitalis once was supposed to possess in phthisis. Many of the best modern therapeutists deny its powers in this respect altogether. Trousseau and Pidoux decline mentioning it at all in connection with phthisis; and Pereira dismisses the subject in the following brief paragraph: "Digitalis has been declared capable of curing pulmonary consumption, and numerous cases of supposed cures have been published. Bayle has collected from the writings of Sanders, Fowler, Beddoes, Drake, etc., reports of one hundred and fifty-one cases treated by fox-glove. Of these, eighty-three are said to have been cured, and thirty-five relieved. But a more accurate and extended experience has fully proved that this medicine possesses no curative and very slightly palliative powers in genuine phthisis; it is totally incapable of preventing or of causing the removal of tubercular deposits, and has little if any influence, in retarding the progress of consumption. Its power of diminishing the rapidity of the circulation cannot be doubted, but this effect is, as Dr. Holland justly remarks, of less real moment than is generally supposed."

It would therefore seem that in

Cough, with expectoration of blood and tubercular pus, Digitalis can, at most, only afford palliation, not real help. Of the many contradictory chapters in allœopathic therapeutics, there is hardly one that is more filled with contradictory statements than the treatment of pneumophthisis with Digitalis. One professes to have cured any number of cases, another denies the possibility of curing this disease

with such a drug. The probability is that the pretended cures were cases of simple catarrhal irritations of the bronchial lining membrane which may assume the mask of phthisis to the superficial observer, but not to the well trained auscultator.

A carpenter, thirty-one years old, who had been laid up with rheumatism for eight months in succession at the age of fifteen, had been coughing more or less ever since. Five months ago, the cough having increased upon him, he coughed up some blood-streaked mucus. He had fever every evening. On the 23d of November, 1833, he was admitted into the hospital *la Pitié*. He complained of headache, buzzing in the ears, pains in the larynx; pulse seventy-six, twenty-four inspirations; deep, costal breathing; he had never been troubled with palpitation of the heart; the expectoration was scanty, somewhat streaked, and consisting of opaque little lumps separated by a more or less transparent liquid. Coughing caused a pain between the shoulder-blades; percussion yielded normal sounds; there was slight mucous râle in some parts of the chest; the appetite was natural, tongue coated white and rather pale, stool normal and abdomen without pain. He was bled and put upon twelve and fifteen grains of the leaves of Digitalis in infusion. For several days his pulse went down to forty-eight, forty-four, forty-three. The cough left him permanently. For aught I can see, this was a tolerably fair homœopathic prescription. The case which we extract from Frank's Magazine, and which was orginally reported in Archives Générales, is recorded as a case of *tuberculosis*. I think it hardly fair to see tubercles in a case like this. If time permitted, I might relate a few cases showing the use of Digitalis after the fashion of Rasori, in enormous contra-stimulant or hyposthenisant doses. It seems unprofitable, however, to perpetuate such abuses, and as far as I am concerned, I will apply to all such extravagances the words of the Saviour: "Let the dead bury the dead, follow thou me!"

A much more important office is filled by Digitalis in the treatment of

Affections of the Heart. We have stated already that, in acute rheumatic endocarditis, Digitalis would be out of place, and that Aconite will control this affection much more effectually in most cases. Digitalis is more adapted to the removal of the consequences of endocarditis. These consequences, so far as they effect the heart, may be summed up under the general appellation of "*heart-disease.*" It is not our purpose to give a description of the different forms of heart-disease which we are called upon to relieve. It is sufficient for us to state, in a general manner, that rheumatic endocarditis is one of the most common causes of organic alterations of the parenchyma or valves of the heart. Hypertrophy, or enlargement of the heart, is probably the most common of these disorganizations. It may occur along with dilatation, diminution, or the natural condition of the cavities. "These puerile distinctions," observes Rostan, "have fixed, in a singular manner, the attention of persons who see few patients; but they attract little attention from those who cultivate medicine in a vast field of observations." This remark may seem

rather harsh and out of place when applied to such men as Laënnec, Skoda, Rokitansky; but, so far as the medical treatment of these affections is concerned, it is Aconite and Digitalis in one case, and Digitalis and Aconite in another. There are but few medicines, beside Aconite and Digitalis, that are of any use in heart-disease; Arsenic, Spigelia, Pulsatilla and Belladonna: if this group does not cure, we may as well close our chapter, and content ourselves with relieving our patient the best way we may.

Strictly speaking, there is no remedy for the fibrinous concretions which may be deposited upon the internal surfaces of the heart or upon the valves; there is no remedy for the destruction which the valvular apparatus may have suffered in consequence of rheumatic inflammation. If we have satisfied ourselves that these disorganizations exist, we can hardly hope for more than palliative results. And so far as Digitalis can be of any use in palliating the sufferings of the patient, we may be guided by the character of the pulse. If the pulse inclines to intermit, to become feeble and accelerated, irregular as regards volume and frequency, and if these irregularities even extend to the harmonious rhythm which should exist between the heart's action and the radial pulse, we may find a means of relief in Digitalis.

If the beating of the heart is hard, jerking, accompanied with anxiety, faint feelings, cerebral congestions, occasional spasmodic contractions, as if the beating had entirely ceased, we may find Aconite our best means of easing the patient.

In simple *Hypertrophy*, with regular, but full, jerking and somewhat accelerated pulse, Aconite is our best remedy. Under sound homœopathic treatment, these disorganizations need hardly ever occur.

The action of our drugs has not been investigated with reference to the physical signs which serve as diagnostic marks in the various organic disorders of the heart. In *hypertrophy* of the heart, the beats of the heart are much more tumultuous than they are in the normal condition of the organ. If the left ventricle is hypertrophied, the pulse becomes strong, full and hard; the heart bounds against the walls of the thorax with redoubled force. Symptoms of cerebral congestion, headache, vertigo, nosebleed, are often present in severe cases, and the patient may die apoplectic.

This group of symptoms indicates *Aconite* for its main remedy.

Hypertrophy of the right ventricle gives rise to a peculiar train of symptoms. If the walls of the ventricle are thicker than usual, with diminution of the cavity, the contractions of the ventricle may be more violent than in a normal state, and yet the radial pulse may become thinner, in consequence of the deficiency in the supply of blood flowing through the pulmonary veins. This same change in the pulse must take place, if the walls of the ventricle are too thin to permit of sufficiently powerful contractions to propel the blood through the pulmonary artery. In such a case, both the beats of the ventricle and the radial pulse will be feeble. An ultimate result of this impoverished condition of the lungs must be anæmia, and finally hydrothorax.

Digitalis and Arsenic are suitable remedies under these circumstances. In hypertrophy where there is pain, Dr. Hope recommends the extract of Aconite; Bouilland the pulverized leaves of Digitalis. We have furnished a few indications for the last-named remedy; we shall furnish a few more as we proceed.

Hypertrophy of the ventricles may arise from contraction of the valvular orifices, preventing a full column of blood from being sent into the aorta or pulmonary artery. Or it may arise from insufficiency of the valves, permitting a regurgitation of the blood. In either of these cases the pulse would be small, although it might be jerking and accelerated. Gradually, as the functional power of the heart becomes weaker, the pulse will likewise show signs of prostration, it will become emptier, intermittent and irregular. Digitalis will prove an excellent palliative, if the affection is no longer curable. Aconite may be resorted to in certain conditions of the system.

Long-continued hypertrophy may give rise to dilatation of the ventricles with thinness of the walls. In such cases the impulse of the heart will necessarily be feeble; the heart being deficient in contractile power. The radial pulse will necessarily feel the effects of the reduced strength of the heart's action; it will be weak, empty, irregular, intermittent, and all harmony between the contractions of the heart and the radial pulsations may gradually cease, and give place to continual irregularities. A knowledge of the anatomical structure of the heart and its physiological functions will enable any intelligent student of medicine to determine for himself what the effect of hypertrophy and dilatation upon the pulse and the general reproduction of tissue must be as these disorganizations continue. As regards the physical signs of heart-disease, we refer the student to the works of Hope, Pennock and others who have done a great deal to clear up this obscure chapter without unfortunately doing near as much towards perfecting the treatment.

As regards *Valvular Disease*, we most frequently find the *aortic* and the *mitral* valves involved. Dr. Corrigan observes "that the pulse in aortic regurgitation, may sometimes be seen beating in various parts of the body." Dr. Williams likewise considers this phenomenon as eminently characteristic of these valves. Drs. Hope and Pennock have laid down rules for the diagnosis of valvular disease which are as precise and comprehensive as such a naturally obscure subject will permit. The signs most observable in disease of the valves, are the *bellows' murmur* and the *purring tremor*. These sounds vary somewhat according as one or the other valve is affected. The pulmonary and tricuspid valves are very seldom diseased, much less frequently than the aortic and mitral.

An investigation of these physical phenomena is exceedingly interesting, and may gradually lead us to a more perfect use of the curative means at our command. In the present state of our knowledge, we have to depend in a great measure upon the pulse, and upon the feelings of the patient. We have sufficiently dwelt upon the pulse; we will here point out a few symptoms which may serve

as diagnostic landmarks to the therapeutist between Digitalis and other drugs.

The following symptom: "The beats of the heart are scarcely felt," would seem to indicate dilatation with thinness of the walls, requiring Digitalis.

The next symptom: "The power of the heart becomes so diminnished in some cases that fatal syncope was produced in consequence of the patient suddenly changing his position," may characterize a similar condition, dilatation with thinness of the walls requiring Digitalis.

In the Journal Universel, the case of a lady is reported who was under treatment for epilepsy, and who took several pints of an infusion of Digitalis. Among other symptoms the medicine caused: a feeling of embarrassment behind the sternum gradually increasing to an oppression that became more and more distressing; vertigo, inability to continue a conversation that had been begun; blackness of sight; *beats of the heart large, full, energetic, shaking the chest, slower than usual; or else the beats became suddenly more frequent and in this case less violent than before.* Dyspnœa constantly increasing, excessive paleness of the face, feeling of coldness and numbness in the extremities, uncontrollable desire to inhale fresh air. The patient complained neither of nausea nor thirst. In a few hours after taking the drug, the patient was able to indicate the number of the heart's contractions within a given time. For five or ten minutes the heart beat forty or forty-two, and then again one hundred and twenty or one hundred and twenty-five times a minute; the inspirations amounted to forty or forty-eight in the minute. The pupils were dilated, but their contractility was not impaired. The respiratory murmur was universally feeble and incomplete, resonnance of the chest normal, sounds of the heart audible over the whole region. The patient was only able to lie on her back with her head very much raised, violent headache, but her understanding perfectly clear. In the epigastric region the patient felt very large and strong pulsations, probably emanating from the cœliac artery; two inches below the region where these pulsations were felt, they seemed much weaker, but they increased in volume and strength in proportion as the beats of the heart became slower and stronger. Her desire for open air became more and more urgent. A few hours after, her breathing was very short, more frequent, all the inspiratory muscles were laboring tumultuously (the patient stated afterwards, it had seemed to her as if the quantity of air that entered the lungs was not sufficient and that she should not be able to live if this condition continued.) The beats of the heart became alternately slow and frequent; the dyspnœa continued; she obtained most relief from fanning.

Here we have a train of symptoms which leads us to recommend Digitalis for several affections of the heart and resulting disorganizations. By these symptoms we find Digitalis indicated in

Hypertrophy with dilatation, the hypertrophy predominating; in

Dilatation with hypertrophy, the hypertrophy being secondary; and lastly in

Hydrothorax whether idiopathic or resulting from cardiac disease.

A lady of twenty-eight years was under treatment for pneumophthisis. She took considerable quantities of Digitalis, and one morning exhibited the following symptoms which were distinctly attributable to the drug: sensitiveness of the stomach, especially to external pressure; frequent nausea and one turn of vomiting; sensation of pressure and drawing arising from the pit of the stomach towards the throat; change of color in the face almost every second, from deathlike paleness to rose-color; the tip of the nose, forearms, hands and fingers were quite cold; *respiration remarkably slow and occasionally intermingled with deep moans;* the expired air seemed quite cool; no cough; pulse 30, and exceedingly *irregular, sometimes intermitting* and then again *bounding, jerking,* sometimes *filiform,* but always *soft.*

These symptoms teach us an instructive lesson concerning the use of Digitalis in diseases where these changes occur. Similar changes may be witnessed in *dilatation of the left ventricle,* but principally in *functional derangement* of the heart characterized by paroxysms of plethora of this organ. Such changes may sometimes indicate Aconite, except that the Aconite-pulse never has those extraordinary irregularities and intermissions which characterize the pulse of Digitalis. Moreover this drug has generally a soft pulse, whether the volume of the pulse be otherwise large or small; whereas the Aconite-pulse is generally hard, strong, rapid, or heavy and slow, or hard, thin, jerking and quick. It is seldom intermittent, though it may be irregular, especially in the case of old people. We shall find Digitalis indicated in

Plethora of the Heart, paroxysms of sudden congestion which may occur among individuals liable to palpitation, sinking feeling in the region of the heart; crampy feelings, feeling of compression in this region. Dr. Purkingé experienced a sensation as if the heart were grasped with the hand, a sensation which was only felt during the intermissions of the pulse.

We have a number of other symptoms obtained by proving and derived from cases of poisoning, showing the use of Digitalis in affections of the heart and aorta.

"Strong, almost audible beats of the heart, with anxiety and contractive pains under the sternum."

"When raising the body, he feels a tension in the left side of the chest, as if these parts were contracted."

Digitalis causes the pains and dyspnœa which are always present in affections of the heart and valves. We may regard the two last quoted effects of Digitalis as pointing to such diseases. They may exist in a case of hypertrophy with contraction of the ventricles.

Aneurism of the Aorta may require Digitalis. It causes, as far as we know, many of the symptoms which denote the presence of this disease, abnormal murmurs, blowing and sawing sounds, pulsations

and pains in various parts of the chest, constrictive sensation across the chest, dizziness. A remarkable symptom which, together with the other symptoms, might confirm our diagnosis of aneurism is the following: "Swelling of the right hand together with the fingers; this swelling lasted three hours."

Aneurisms of the Arteries may likewise require Digitalis; the pulse and the constitutional symptoms must of course correspond.

Digitalis may prove a valuable palliative in

Cyanosis or blue disease, when the patient complains of anguish, orthopnœa, the lips, eyelids, tongue exhibit a blue color. This blue color is likewise seen under the nails; the patient spits blood, the action of the heart is increased; hoarseness and dry cough are present. The 6th to 12th potency will be found the most suitable.

We have already alluded to the fact that Digitalis is a capital remedy for

Hydrothorax, if not of an incurable character. Hydrothorax depending upon valvular disease, disorganizations of the internal coat of the aorta, hypertrophy, contraction of the orifices of the heart, etc., may be pronounced incurable. Nevertheless relief may be afforded to the sufferer by the use of Digitalis.

Professor Fritze of the University of Berlin, died of hydrothorax and anasarca, a sequela of enlargement of the heart. Hufeland informs us that Digitalis was the only remedy that afforded him any relief.

An officer of forty years who had been attacked with palpitation of the heart, and unequal, intermittent pulse some years previous, indulged in excessive eating and drinking, in consequence of which hydrothorax set in. He was put on a decoction of Digitalis, one ounce of the leaves to eight ounces of water strained and combined with half an ounce of spirits of wine. Of this decoction he took a tablespoonful every two hours, and was soon restored.

If Digitalis is indicated in dropsy, its curative action is generally characterized by profuse discharge of urine. In order to promote this end, allœopathic physicians are in the habit of combining it with some other diuretic, such as Parsley, Squills; but this is unnecessary.

Anasarca yields to Digitalis, which has caused this disease. A man of forty-six years, who had led an irregular life and had been fond of tippling, became dropsical; he had to be in a sitting posture, inclining forward, and suffered with the most violent asthma. His face was blue and bloated, eyes sunken, arms and chest thin and emaciated, abdomen enormously tympanitic, feet swollen and shining, scrotum and penis very much swollen. The urine was secreted in very small quantities and was discharged drop by drop; the bowels had been bound for some time, the fæces were hard and expelled with much difficulty. This condition of things had lasted for upwards of four months. He was put upon a decoction of two drachms of the leaves of Digitalis in eight ounces of water, half a

tablespoonful morning and evening. His chest was liberated, the swelling gradually disappeared, and recovery took place.

According to Dr. Withering who has treated upwards of a hundred cases of anasarca with Digitalis, "it seldom succeeds in men of great natural strength, of tense fibre, of warm skin, of florid complexion, or in those with a tight and cordy pulse; on the contrary, if the pulse be feeble or intermitting, the countenance pale, the lips livid, the skin cold, the swollen belly soft and fluctuating, or the anasarcous limbs readily pitting under the pressure of the finger, we may expect the diuretic effects to follow in a kindly manner." These are pretty good homœopathic indications for an allœopathic authority.

In *Ascites*, Digitalis is a most excellent remedy in many cases more particularly if the disease depends upon, or is associated with, vascular derangements such as menstrual irregularities, pain and palpitation of the heart, spitting of blood, etc.

In the case of a lady, where the disease had reached a very high degree of development, of four months' standing, the abdomen being enormously swollen, with œdema of the lower extremities, pulse very thin and rapid, (about one hundred and twenty in the minute,) discharge of a sanguinolent serum every few weeks from the vagina, a radical cure was effected within three weeks by giving her five drops of the tincture of Digitalis in twenty-four hours, and gradually increasing this quantity to fifteen drops. The menstrual discharge became perfectly regular and the dropsy disappeared permanently.

Hydropericardia or *Dropsy of the Pericardium* may be successfully treated with Digitalis. The physical signs are: dullness over a large surface, swelling of the præcordial region, diminution of the respiratory murmur. The pulse is small, feeble, irregular; the face and lips look livid, the patient is very much distressed for breath, is unable to lie on the back, and is harassed by a deep, barking cough without expectoration arising from compression of the pulmonary parenchyma by the effused fluid. Digitalis and Arsenic are the prominent remedies. This disease is sometimes a sequela of scarlet-fever. It may also come on in consequence of cardiac disease.

Asthma is another disease that has yielded to Digitalis. It causes excessive dyspnœa, even orthopnœa, dry and husky cough, wheezing in the air-passages, sensation as if the lungs were adhering, and various other symptoms strongly pointing to asthma.

In the Edinburgh Medical Journal, the following case of asthma is reported, where Digitalis effected a perfect cure. A schoolmaster who was afflicted with asthma to such an extent that he was deprived of rest day and night, took a whole ounce of the tincture of Digitalis in the hope of obtaining relief during a dreadful paroxysm. He immediately after fell into a quiet sleep until half-past eleven o'clock. At this hour he vomited copiously, and had a good stool. His pulse became *slow, irregular* and *intermittent*. No other symptoms are

mentioned. The asthma and accompanying symptoms disappeared permanently.

Regarding the dose, Digitalis may be required in tolerably large quantities in dropsical effusions, even in doses of from two to three grains of the powdered leaves twice a day; or in tablespoonful doses of a watery infusion, or in doses of from five to ten drops of the tincture three or four times a day. German homœopathic physicians use it sometimes in such large doses. The second or first trituration may be sufficient in some cases. In purely functional derangements the middle potencies may be sufficient.

In a case of poisoning, we first give an emetic, and afterwards stimulate the patient with sufficient doses of wine, brandy, or even ammonia. Strong black coffee may remove the lesser effects.

From this drug we obtain an alkaloid, Digitaline, which has not yet been tried by homœopathic physicians; as far as we know it acts similarly to Digitalis.

LECTURE XXXI.

FERRUM.

(*Iron.*)

Iron is found in the three kingdoms of Nature, seldom pure; generally oxydized; in the so-called aquæ martiales (steel-springs); iron is found in combination with oxygen and carbonic acid; iron is also found in the ashes of many plants (*ex. gr.:* Digitalis, Helleb. niger, etc.); in tea, where it was first discovered by Mulder; it is one of the chief constituents of the blood where, according to Rose, it exists as an oxide, and according to Berzelius as a pure metal. The best iron-ores are said to be found in Sweden, Norway and Russia. In medicine we use the purest kind of iron, the so-called ferrum cusum or welded iron.

Iron unites with all simple, non-metallic bodies, except hydrogen, and it dissolves in almost any acid, forming various precipitates, according as the protoxyde, peroxyde, or deuteroxyde had been dissolved.

In homœopathic practice we use

1. Ferrum mettallicum;
2. Ferrum aceticum;
3. Ferrum carbonicum;
4. Ferrum iodatum;
5. Ferrum muriaticum;
6. Ferrum sulphuricum.

The metallic iron is obtained in the shape of a fine powder; it is perfectly free from rust. We make triturations, taking care that

during this process the iron does not become oxydized. Previous to making these triturations the sugar of milk, mortar and pestle should be warmed in order to remove every possible trace of moisture.

The acetate of iron is obtained by dissolving the pure oxyde of iron in concentrated vinegar, taking four parts of the iron and seven parts of vinegar; we shake them well together in a bottle, until only a small part of the iron remains undissolved. We filter the liquid, and to this filtered liquid we add one part and a half of dilute alcohol, making the tincture of the acetate of iron, (tinctura ferri acetici), or we carefully evaporate the liquid in a vapor-bath, and preserve the dry residue in vials provided with glass-stoppers, from which we afterwards obtain triturations. The tincture may be potenized, the first potency being made with distilled water and alcohol, and the subsequent potencies with strong alcohol.

Carbonate of iron: a solution of seventeen parts of crystallized carbonate of soda with four times as much water, to be strained through linen, and heated to boiling in a cast-iron boiler. Then add by degrees ten parts of pure crystallized sulphate of iron to the boiling solution, waiting each time until the mixture ceases to effervesce. A white or greenish-white precipitate is thrown down; this is the proto-carbonate of iron. Put this into a filtering bag and speedily wash it with boiling water. After the water is entirely run off through the bag, squeeze the bag with the hands in order to press out as nearly as may be the water adhering to the salt, and afterwards subject the powder to the action of a screw-press. The moist powder is filled into a well-cleaned bladder which is to be carefully tied up, and to be exposed to a temperature of about sixty or seventy degrees Fahrenheit for drying.

In this manner we obtain the proto-carbonate of iron as free as possible from the oxide, of a green-brownish color. This carbonate has to be made fresh every year, as the quantity of carbonic acid decreases in time. Triturations should be made with very dry sugar of milk and in a perfectly dry room.

The iodide of iron is prepared according to the United States Pharmacopœa, as follows:

"Take Iodine two ounces; iron filings an ounce; distilled water a pint and a half. Mix the iodine with a pint of the distilled water in a porcelain or glass vessel, and gradually add the iron filings, stirring constantly. Heat the mixture gently until the liquid acquires a slight greenish color; then filter, and after the liquid has passed, pour upon the filter the remainder of the distilled water boiling hot. When this has passed, evaporate the filtered liquor at a temperature not exceeding two hundred and twelve degrees, in an iron vessel, to dryness. Keep the dry iodide in a closely stopped bottle. The iodine of iron is soluble in water forming a greenish solution," We may also make triturations of this substance.

Tincture of muriate of iron: Take subcarbonate of iron a half pound; muriatic acid a pint; alcohol three pints. Pour the acid upon the subcarbonate in a glass or porcelain vessel. Mix them, and when effervescence has ceased, apply a gentle heat, and continue

it until the carbon is dissolved; then filter the solution and mix it with the alcohol.

Sulphate of iron: dissolve in common sulphuric acid, diluted with four times its weight of water, as much of iron filings as is required to saturate the acid, even when heated. Filter the liquid and add a little more sulphuric acid; evaporate in a porcelain dish to the point of crystallization. The green crystals are collected upon a filter, washed with a little cold water, and afterwards dried by exposure to gentle warmth. Preserve them in well-stopped vessels, and prepare a watery solution from them, which can only be used as long as no sediment is deposited in it; preserve the crystals from the light.

The leading preparation of iron which we use in our practice, is the acetate. It is this preparation which Hahnemann employed in his provings.

According to Old-School physicians iron is a nervous tonic. This is, like many others, one of those superficial statements of which Old-School treatises on Materia Medica abound. So far from iron being a tonic, it has on the contrary a debilitating and disintegrating effect upon the system. It is no more a tonic than Arsenic or China. The first effect of iron may be to cause an apparent stimulation of the vital functions; but the physical condition of those who live near iron springs, might have sufficed to enlighten physicians concerning the ultimate debilitating effect of iron. We find these people tainted with chronic diseases more than almost any other class of men, even when their mode of life is otherwise unexceptionable. A general or partial debility bordering on paralysis, certain violent pains in the extremities, various affections of the abdominal viscera, vomiting of food day and night, pulmonary phthisis, bloody cough, want of animal heat, menstrual suppression, miscarriage, impotence, sterility, jaundice, and other symptoms of cachexia prevail among them.

Iron is, as I stated before, a constituent of the blood, where it exists, according to Berzelius, in a metallic state, and according to Rose and others, as an oxyde. The existence of iron in the blood does not account, however, for the red color of the blood. On the contrary, Brande, Vauquelin and Berzelius have shown that this red color of the blood does not depend upon the immediate presence of iron, but upon the presence of a coloring principle which these chemists have termed hæmatochroin. Recent investigations have shown that this coloring principle does not really exist, and that hæmatosin, hæmatochroin, etc., are either impure or altered ingredidients of the blood, or that they are altogether imaginary principles.

Considering these various contradictions, it seems to be difficult to determine the various uses of iron in the blood, and it seems to be equally difficult to show the manner in which iron, when given as a remedial agent, affects the abnormally-constituted blood, more particularly in the well-known disease termed chlorosis.

It is a well-known fact that in chlorosis or green sickness, iron is one of our principal remedies. Both Old and New-School physicians depend upon its use in chlorosis as their chief support. By examining the physiological effects of iron upon the living organism,

and contrasting them with the pathological alterations developed in the organisms of chlorotic individuals, we shall find that the curative virtues of iron in chlorosis depend upon its homœopathicity to the latter disease.

Let us inquire into this fact more closely.

The peculiar action of iron upon the spleen was known even to the physicians of antiquity. Celsus states that animals who were in the habit of drinking the water in which blacksmiths cool the red-hot iron, have a very small spleen; hence patients who were troubled with infarctions of the spleen, were made to drink of this water after a repast. Pereira likewise states that in animals who are fed on iron for a time, the volume of the spleen decreases more and more, until the organ becomes almost atrophied. Hence small doses of iron have been uniformly recommended by the most experienced practitioners of the Old-School as a remedy for enlargement of the spleen. Cruveilhier calls iron a specific for hypertrophy and chronic inflammation of the spleen.

Now it so happens that one of the most characteristic terminations of chlorosis is atrophy of the spleen and dilatation of the ventricles of the heart. This fact at once accounts to us for the specific curative virtues possessed by iron in this distressing malady. Large doses of iron cause atrophy of the spleen, and a determination of blood to the heart and lungs; hence small doses of iron must have the power of arresting these morbid conditions when occurring as a natural disease.

It is a well-known fact that the spleen plays an important part as an auxiliary to the circulation in the stomach and intestinal canal; it seems even to act as a supporter of the circulation. In the case of persons who died of asphyxia, the spleen was found enlarged and swollen; and in the case of a man who died from the bursting of an aneurism of the abdominal aorta, the spleen was found small and relaxed. The influence which the spleen has upon the circulation, has been clearly shown by Tiedemann and Gmelin. In dissecting a large turtle, where the absorbents of the small intestines could be distinctly seen going to the spleen, it was observed by these physiologists that a coagulable fluid was secreted in the spleen out of the arterial blood; that this fluid was received into the absorbents of the spleen, and that, through them, it was conducted to the thoracic duct to aid in the process of sanguification. If the spleen becomes atrophied, it is of course unable to render its functional support to the process of sanguification, and such quantitative as well as qualitative changes in the blood take place, as pathologists are in the habit of designating by the terms of anæmia or hydræmia. These are the very conditions which prevail in chlorosis (anæmia—privation of blood; hydræmia—watery blood).

These developments show that the curative influence of iron in chlorosis does not depend upon its imparting more redness to the blood, upon its developing a higher process of oxidation in the blood—such coarsely-chemical explanations are rejected by all truly enlightened physiological pathologists—but upon the fact that small doses of iron possess the peculiar power of arresting and preventing

atrophy of the spleen, and stimulating the sinking energies of this important organ into a healthy tone.

We are indebted for this ingenious vindication of the homœopathicity of iron to chlorosis to Dr. Altschuhl of the University of Prague. Chemistry itself which was in the habit of regarding chlorosis as the great triumph of its materialistic theories of life and disease, is fast demolishing its own arguments. The existence of iron in the blood is not only admitted but demonstrated by chemical analysis. Réveil has moreover shown that all the iron which the blood contains is to be found in the globules, and that the mass of iron is not affected by a diminution or an increase of the globules. The mass of iron which was found in the globules of chlorotic patients, remained unaltered after these patients had recovered their health under the use of ferruginous preparations.

Professor Bernard, the distinguished physiologist of the University of Paris, argues with much force, that "the question is not so much to know whether iron cures chlorosis, but whether chlorosis is due to the absence of iron in the blood, and whether iron, if administered in substance, will supply the want, by taking the place of the natural constituent."

How strange that such a simple question should be so curiously and indeed stupidly mystified by learned men! Might not common sense inform every man, whether educated or not in the sciences, that there is a difference between the *vital iron* elaborated in the invisible and immaterial crucibles of the vital forces, and the *material iron* obtained by the fire and material re-agents of the chemist? Has any one ever seen iron in the blood in its natural form? Has the most powerful microscope ever discovered material iron in the blood? In order to discover the constituents of the blood; in other words, in order to determine out of what elements the vital forces manufacture this precious carrier of living tissue, the chemist has first to destroy the life-principle which, by virtue of a most mysterious metamorphosis, has transformed a certain class of elementary principles into blood; he has to remove all traces of this wonderful transformation of matter into living tissue, and then, if, after having killed the blood; after having reduced the living fluid back again to its original elements, he discovers a small quantity of iron among a number of other constituents, he exclaims "*Eureka*," I have found iron in the blood, forgetting all the while that he found it in his crucible, but not in the vital current. There is no harm in availing ourselves of a chemical analysis of the blood for the purpose of building up a rational hypothesis concerning the treatment of chlorosis. We may suppose, for instance, that iron may be the very best agent out of which the vital forces may most effectually elaborate the vital representative of iron in the living blood; but it is foolish to assert that the iron is returned to the blood by a process of mechanical absorption, and amalgamated with it by virtue of some gross process of chemical combination. Let us suppose with Professor Bernard that there are about one hundred and twenty grains of iron in the whole mass of blood, and that about half of this quantity is lost in chlorosis. How easily it would be to replace

this small quantity by absorption! But there are chlorotic patients who have swallowed pounds of iron without being cured of their chlorosis.

Chlorosis, therefore, is a pathological process that has to be acted upon like all other pathological processes, by dynamic forces. Iron is one of the chief depositories of the forces that will effectually control this troublesome and very often dangerous disease.

In Frank's Physiological Magazine, we find a record of several valuable provings of the acetate of iron, the tincture of which was used for this purpose. These provings were originally published in Bernhardi's Periodical for Experimental Medicine.

One of the provers, Petruschky, a young man of vigorous constitution, swallowed four times a day from four to twenty-four drops, commencing with four-drop doses and gradually increasing to twenty-four.

Previous to his taking the iron, his blood was bright red, containing an inconsiderable number of small, colorless blood-corpuscles. After swallowing the iron, the blood was dark-red, the blood-corpuscles were deeply colored and had sharp edges; the blood coagulated less readily than before the proving, and the serum was of a more deep yellow color.

This prover was exceedingly sensitive to the action of iron; it developed the following interesting symptoms:

Heaviness in the head, want of freedom in the frontal region and pressure in the temples.

Sensation of excessive *fulness* in the head;

Uncommonly *serious* disposition; the patient feels disposed to attach much importance to small things.

Tickling in the urethra, with urging to urinate; the tickling gradually extended from the navicular fossa to the neck of the bladder.

Extraordinary *feeling of strength* and *buoyancy* of spirits.

Oppression on the chest, increasing with desire to draw a long breath, slight stitches in the lungs and a tightness in the region of the heart. Pulse sixty-one, tense.

Feeling of warmth in the stomach.

Sense of *weariness* in the limbs.

Pressure at the stomach after eating, which finally increased to a drawing.

The bright redness of his face had considerably diminished; pulse down to fifty-five, full and tense.

On waking, painful sensation in the larynx inducing a *hacking* and *hawking*, aggravated by pressure upon the larynx, and shifting to a point behind the upper third of the sternum. He hawked up a vesicular, tenacious mucus which was streaked with black blood. Mucous râle was heard behind the upper portion of the sternum, and the impulse was somewhat jerking.

Depression of spirits and bodily strength.

Tongue coated, pappy taste, little appetite, costiveness, paroxysms of a drawing pain through the bowels.

Violent nosebleed which relieved the head; copious, slimy sedi-

ment in the urine. In the course of a few days the symptoms gradually disappeared; his strength returned, the alvine evacuations again became soft and regular, pulse seventy-five as before the proving.

In the case of this prover the first small doses of iron developed the secondary effects of the drug or symptoms of organic reaction, a feeling of mental and physical energy, craving appetite. The subsequent doses developed the primary effects of the drug, cerebral and pulmonary congestions, loss of appetite, coated tongue, irritation in the urethra, depression of spirits, debility, sinking of the pulse.

The second prover, Lœffler, a robust man and enjoying good health except a disposition to bronchial catarrh, commenced his experiments with ten drops three times a day, gradually increasing to fifteen, and lastly to thirty drops, and afterwards adding one drop to each dose.

The changes in the blood were similar to those experienced by the first prover. The first effect of small doses was to increase his appetite and to induce a remarkable feeling of strength. This did not last long, the primary symptoms soon made their appearance. The pulse went down from seventy-five to fifty-four beats. The impulse of the heart was jerking, the pulse was likewise tense, not soft as it generally is in hot weather, when these provings were instituted.

The gastric symptoms were quite marked: *pinching* and *rumbling* in the bowels which felt full and distended; *pappy* taste, with white-coated tongue; *uncomfortable* feeling after eating; *lassitude, want of desire* to attend to either bodily or mental labor.

This prover likewise felt this disagreeable *tickling* in the urethra, with unusual *urging* to urinate, a violent tenesmus of the bladder which was soon after accompanied by a distressing tenesmus of the rectum. The fæces consisted of small, hard fragments.

The urine deposited a *slimy* sediment.

The affection of the urethra seemed to assume the form of a neuralgic affection. Between eight and nine o'clock in the morning, and between six and seven in the evening, the prover suddenly felt a *tickling* and *warmth* in the glans; soon after this sensation was accompanied by an irresistible *urging to urinate;* as soon as the urine reached the glans, it caused an exceedingly troublesome pain in this part, which continued even for some minutes after an emission of urine, and was accompanied by a continually increasing urging to urinate. The distress might be eased by drinking a quantity of cold water, and by compressing the glans with the fingers.

The third prover experienced the same distressing tickling in the urethra, with frequent urging to urinate, the same changes in the pulse, *constipation* with frequent *tenesmus* of the rectum, and oppression of the bowels and stomach after eating.

The other provers did not develop any new symptoms. In all, the pulse became slower, fuller and more jerking, and the oppression and feeling of tension in the region of the stomach showed themselves.

Let us now review the effects of this drug, with reference to the diseases with which it seems to be in homœopathic rapport.

CEPHALIC GROUP.

We have seen that iron causes cerebral congestions, characterized by pinching in the temples, and a dull feeling in the head. According to Hahnemann's provings, it also causes dizziness as if intoxicated. We may therefore recommend iron for

Congestive Headaches, where these symptoms occur. Upon examination, we shall find that these headaches are sympathetic rather than primary affections, resulting from, or at any rate accompanied by costiveness, with frequent urging to stool, rush of blood to the head, palpitation of the heart, or rather hard jerking of this organ; the pulse, may be slower than in a normal state of the organism. There may be gastric difficulties, nausea, coated tongue, pressure after eating, weakness; and this whole train of symptoms may more particularly occur in chlorotic patients.

NERVOUS GROUP.

We have seen that iron causes weariness, a feeling of languor, depression of strength, a want of aptitude to apply one's self to business or study. This condition of the body or mind, provided iron is to remedy it, must be symptomatic of other more general derangements, more particularly of a chlorotic or gastric character.

Iron may likewise induce neuralgic pains, but they will likewise be found to be symptomatic of chlorosis; idiopathic neuralgia is not relieved by iron.

According to Hahnemann's provings, Ferrum causes symptoms of chronic arthritic and rheumatic affections in the extremities, such as tearing and stitching pains, lameness and numbness, and œdematous swelling of the knee-joints, feet and hands. We may recommend iron in affections of this kind, when the patients are of a *leucophlegmatic* constitution; individuals of a rigid fibre and a bilious temperament would hardly be amenable to the good effects of iron in such conditions of the system.

Anæmia from excessive losses, or as symptomatic of a general cachexia, may require iron.

CHYLO-POIËTIC GROUP.

We have seen that iron deranges the gastric functions in various ways. It causes oppression and fulness of the bowels, and more particularly of the stomach, after eating; pappy taste in the mouth, white and yellow coating on the tongue; costiveness, the fæces being expelled in the shape of hard and very dark balls, with painful tenesmus of the rectum; nausea, vomiting of food, crampy pains in the stomach, may likewise be developed by the abuse of iron.

Guided by these effects of our drugs, we may prescribe iron in

Dyspepsia and *Cardialgia*, where similar symptoms occur, more

particularly in the case of chlorotic, leuco-phlegmatic females, with torpid constitutions. It may also be of great use in the case of pregnant females who are troubled with similar symptoms; the distressing

Vomiting, to which they are sometimes subject, may yield to iron, provided the accompanying constitutional symptoms correspond.

Nursing Sore Mouth may sometimes require the iron-preparations; we may use the acetate internally, from three to five drops three times a day, and at the same time rinse the mouth with a solution of the same substance, about twenty-five drops in half a tumblerful of water, three or four times a day. It is particularly suitable to scrofulous and spongy constitutions.

This condition of the mouth is generally attended with such gastric derangements as indicate iron, such as

Diarrhœa. We know that large doses of iron may cause slimy and bloody stools, with tenesmus. In the case of cachectic and leuco-phlegmatic individuals, where this kind of diarrhœa occurs, great good may be accomplished by the persevering use of iron. In all such cases, we should never prescribe for one symptom merely, were it ever so prominent, but likewise look at the general constitutional state of the patient, the gastric symptoms, appearance of the tongue, state of the appetite and condition of the stomach and bowels, condition of the pulse, complexion, degree of strength. Not only full-grown persons, but also children, may be benefitted by the use of iron, if their bowels are habitually loose, slimy, bloody, dark-colored and offensive, with a good deal of urging. The general appearance of the patient should correspond with the picture that we have drawn. Let it be distinctly understood, that in affections of this kind, where the vegetative system, by which we understand that series of ganglia and corresponding tissues which are more particularly concerned in the reproduction of organic fibre, is so deeply prostrated, decaying as it were: the lower potencies of iron, from the first to the third trituration, or the tincture, are preferable to the higher.

Children of a cachectic habit of body, a combination of the strumous and scrofulous diathesis, who are troubled with this kind of diarrhœa, may likewise be liable to another distressing affection,

Ascarides; iron has been known to favor the development of these parasites; hence we may recommend it as a means for their gradual extirpation, by bringing about a normal action of the intestinal mucous surfaces.

Undigested food is very often mixed up with the diarrhœa of such cachectic individuals. Hence in

Lienteria, iron may prove beneficial.

The *Colliquative Diarrhœa* of consumptive persons, with scrofulous constitutions, may be favorably modified by iron.

Costiveness may require iron, if cerebral congestions, dullness and fullness about the head, pains in the temples, dizziness, oppression on the chest, distention and fullness in the bowels, slow, full and jerking pulse, are present.

Persons who use the water of chalybeate springs have been known to become affected with fluent piles; hence we recommend iron for

Fluent Piles, with much pressing in the rectum, and a general cachectic, debilitated appearance of the patient, full and hard, jerking, rather slow pulse, constipation alternating with diarrhœa.

URINARY GROUP.

You recollect the remarkable effects which iron produced in most of the provers who subjected themselves to the action of this agent: tickling in the urethra, violent and constant urging to urinate, throbbing in the external terminal portion of the urethra, slimy sediment in the urine. We shall find iron indicated in what is termed

Catarrh of the bladder or blennorrhœa of the bladder, in the case of scrofulous, spongy individuals. Even in

Gleet, iron may prove useful to patients with such torpid, spongy constitutions.

Phthisis or *Colliquation* of the urinary mucous membrane, where the patient wastes away under the purulent drain constantly going on from an ulcer situated in the urethra, with tickling and constant urging to urine, may require iron.

We shall find iron useful in

Enuresis of scrofulous and debilitated individuals. Also in

Enuresis nocturna of children with scrofulous, leucophlegmatic constitutions, who are troubled with worms, large bowels, etc. In such affections we shall find iron particularly useful in the case of girls.

SEXUAL GROUP.

In this range, iron has been considered an invaluable agent by physicians of all ages and nations. The primary effect of large doses of iron upon the sexual organs seems to be to cause a sort of plethora in these parts, characterized by erections and nocturnal emissions. This surexcitation of the sexual organs may become so troublesome as to require medical treatment, more particularly in the case of constitutionally feeble, cachectic individuals. In the case of strong, plethoric individuals, this condition might require Aconite. We therefore recommend iron for

Nocturnal Emissions with violent erections, in the case of constitutionally feeble individuals.

But iron may likewise be indicated in debility of the sexual organs, to which the continued use of small doses of iron leads. Hence we use iron in cases of

Impotence and *Spermatorrhœa*, when induced by abuse of the sexual organs, especially in the case of weakly scrofulous individuals.

The primary effect of iron upon the sexual organs of the female is an increased and premature secretion of the menstrual blood, hence we find iron indicated in

Metrorrhagia, more particularly when the blood is dark colored, viscid, forming a thick, elastic crassamentum after coagulation.

Miscarriage may be prevented by iron, if the totality of the symptoms indicates this drug; violent congestions of the brain and chest, dizziness, throbbing headache, palpitation of the heart, fever-flashes, violent pressing pains in the small of the back and bowels, generally characterize cases where iron is indicated. A case is reported where a lady who had miscarried five times in succession in her eighth month, went through the two subsequent pregnancies without any accident, after taking the tincture of iron in 15 drop doses three times a day, commencing about the middle of the fifth month, and increasing the dose every day by three drops until she took about 40 drops each time. A larger dose caused *anxiety, palpitation* and *vertigo.*

It is a well-known fact that females who are continually exposed to the influence of chalybeate springs, may lose the power of reproduction; hence we give iron sucessfully for

Sterility, especially in the case of chlorotic females, or females who are subject to profuse and premature menstruation.

Amenorrhœa may yield to iron. If menorrhagia constitutes a primary effect of iron, we may be sure that menstrual suppression will take place as a symptom of organic reaction. Small doses of iron will meet this condition, especially in the case of chlorotic females.

Dysmenorrhœa, with discharge of small quantities of a watery blood, dragging pain in the small of the back and hypogastric region, may be met by iron, especially in the case of chlorotic females.

Under the influence of iron existing leucorrhœal discharges have become painful. Hence in

Leucorrhœa, with soreness of the vagina, unnatural heat in the vagina, discharge of a serous, offensive fluid, mixed with flocks of mucus, iron may prove of use.

In one of the female provers of iron who was pregnant, the vagina became prolapsed. We find iron indicated in

Prolapsus of the Vagina during pregnancy. These affections of the sexual organs of the female, are particularly amenable to the curative influence of iron in the case of chlorotic females. In

Chlorosis, we depend upon iron as one of our main remedies. This pathological condition is very improperly termed "green-sickness." The French designates it by the term "*pâles couleurs,*" and the Germans by the term "*Bleichsucht,*" both terms meaning "pale colors." Trousseau and Pidoux generalize the symptoms of chlorosis in the following comprehensive list of morbid phenomena:

"General discoloration of the skin and of the mucous membranes; slight emaciation, bloating of the face and lower extremities.

"Nervousness, hysteria, melancholy, fitful mood, weakness of the muscles.

"Neuralgic pains which generally come on in irregular paroxysms.

"Increase or decrease of the volume of the heart; the impulse of

the heart is at times stronger, at other times weaker than in the natural condition; gentle blowing murmur accompanying the first sound of the heart; the second sound of the heart is sometimes very loud; blowing murmurs in the large arterial trunks, especially in the carotids, subclavians, etc., also in the jugular veins.

"Pulse more frequent than in the normal state, feverishness, dry skin, thirst.

"Loss of breath after the slightest exercise, palpitation of the heart.

"Dyspepsia, pyrosis, depraved appetite, gastralgia, occasional vomiting, habitual constipation, diarrhœa after the sickness has lasted for some time.

"Painful, irregular, scanty, pale menses, or complete suppression, leucorrhœa, menorrhagia, sterility."

Chlorosis is very often a mask for tubercular phthisis. The affection may seem cured, but it is only hushed to be replaced by a tubercular disease of the lungs that will inevitably terminate fatally. In such cases we frequently find tubercles of the lungs and liver go hand in hand. Wherever you have reason to suspect the existence of tubercles in chlorosis, I advise you most urgently, not to depend upon iron alone; then is the time to call to your aid the tincture of the root of *Aconite*, which you may associate with the *iodide of iron*. I know of no two drugs that are endowed with such eminent powers to check and resolve the tubercular process in its incipient stage of irritation as *Aconite* and *the Iodide of Iron*.

Iron will act powerfully against many of the consequences of chlorosis.

Dropsy, for instance, may yield to iron, if resulting from an impoverished and watery condition of the blood, or, to use the language of modern pathology, from a state of anæmia or hydræmia of the system. Profuse depletions or frequent hæmorrhages may lead to such results.

CATARRHAL AND THORACIC GROUPS.

The action of iron upon the respiratory organs is exceedingly remarkable:

Tickling in the larynx, with constant desire to cough;
Spasmodic cough, with expectoration of mucus;
Sensation as if hot air were rising in the wind-pipe;
Dyspnœa, worse by walking;
Determination of blood to the chest;
Hæmoptysis;
Discharge of greenish pus on waking.
These symptoms show that iron may be useful in
Asthma, and in

Phthisis of the Larynx, Trachea and Lungs. In laryngeal phthisis we have: fixed pain in the larynx, cough with purulent expectoration, hoarseness, emaciation, consumptive fever and colliquation, rattling of phlegm in the bronchia. In phthisis florida: cough with fetid, greenish, bloody pus, hectic fever, night-sweats.

Iron may also prove useful in ulceration of the larynx when produced by syphilitic metastasis.

Dupasquier recommends the iodide of iron for phthisis pulmonalis with expectoration of pus and blood, cough, oppression, debilitating sweats, fever, even vomicæ.

Pneumorrhagia, especially in atonic, leuco-phlegmatic subjects may yield to the acetate of iron, or to the malate of iron.

EXANTHEMATOUS GROUP.

Sores in cachectic, leuco-phlegmatic subjects, with deficient reaction, want of tone in the muscular fibre, want of cohesion, may be benefitted by the internal use of iron.

FEVER-GROUP.

Several homœopathic physicians have employed iron in obstinate quartan fevers, when China proved ineffectual (in chlorotic subjects.) Arsenic might perhaps be more reliable in such cases.

MENTAL GROUP.

Hysteria and hypochondria, especially in chlorotic subjects, or after profuse loss of blood, sexual excesses, etc., are favorably acted upon by iron.

ANTIDOTAL.

According to Hahnemann, the excessive effects of iron may be counteracted by China and Pulsatilla. Iron antidotes China and Mercury (in slow mercurial poisoning.) Navier recommends iron filings in poisoning with acetate of copper; the iron unites with the acid and precipitates the copper in an inert metallic state (in poisoning with copper, albumen is the best antidote.) Hydrated sesqui-oxyde of iron is an antidote to Arsenic. In Buchner's Toxicology we find it stated that the workmen in English needle-factories become asthmatic between the years of twenty-five and thirty-five; to prevent this, they wear magnetic screens, also magnetic bandages around the mouth and neck; these attract the iron-dust, thus protecting the chest.

Of the particular preparations of iron, we will here remark that the

Carbonate of Iron

Is one of the mildest preparations of this agent, and has generally been preferred by allœopathic physicians. Several interesting cases of neuralgia and chorea are reported as having been cured with this preparation. It is doubtful whether the curative virtues of this agent in neuralgia can be depended upon unless the neuralgia is symptomatic of a general chlorotic condition of the system.

The Muriate of Iron

Acts powerfully upon the urinary organs, depositing crystals of

a bright-red color in the urine. It is also a powerful irritant of the bowels. In affections, to which iron is homœopathic, and where the symptoms of urinary and intestinal irritation predominate, this preparation may be of use. It is sometimes applied externally to bleeding vessels on account of its styptic properties.

The Sulphate of Iron

Is not used by homœopathic physicians internally; on account of its powerful astringent properties, it is sometimes used as an injection in cases of gleet. I do not recommend such a practice.

The Iodide of Iron

Is used in the suppurative stage of scrofulous consumption; in the advanced stage of tuberculosis; in chlorosis when grafted upon a decidedly scrofulous dyscrasia, and in scrofulous affections generally, where we wish at the same time to combat or eradicate the consequences of an impoverished cachectic state of the system.

In this connection we may mention the double-salt

Citrate of Iron and Quinine,

Which is likewise used instead of iron in anæmic states of the system, in the case of scrofulous individuals, anæmic and cachetic females who are afflicted with inveterate leucorrhœa, or œdematous swelling in consequence of frequent losses of blood, miscarriages, etc.

Lastly, I will mention another preparation of iron which is still used by allœopathic physicians, I mean the *red cautery*. Think of it, scorching a man's back with a red-hot iron is resorted to by these wise men as a means of relief. If the joke were not so horribly cruel, one might feel tempted to laugh at it as one of the curious antics of the Evil One. Thank God, the age is fast approaching when humanity will be freed from such practices and practitioners. The spirit of Hahnemann is over-shadowing the Medical Schools of the world, and the age of medical brutality and martydom must yield before the gentle counsels and sweetly conquering globules of Homœopathy.

LECTURE XXXII.

HELLEBORUS NIGER,

(*Black Hellebore*).—Nat. Order:—Ranunculaceæ.

This is a perennial plant, flowering from December till March, hence its name "*Christmas Rose*." Few plants are more elegant; the large, concave flowers, white, with a tinge of blush-color, are finely contrasted with the ample, dark, shining foliage. The roots are perennial, creeping, very black externally, with numerous long, simple, perpendicular fibres.

It grows on rocky and woody mountains.

Hahnemann has endeavored to show in his inaugural thesis entitled: De helleborismo veterum, that the black Hellebore of the ancients and the black Hellebore which grows on the European mountains, are identical. But, according to Tournefort, the Helleborus niger of the Old Greeks and the Helleborus niger of the Alps and Pyrenees are different varieties of the same species. In his Materia Medica Pura, Hahnemann speaks of the black Hellebore of the ancients as a plant very closely resembling our own. The root of this plant, as well as the root of the white Hellebore or Veratrum album were used by the ancients in the treatment of a variety of disorders, principally mania, hypochondria and other derangements. The treatment instituted with these roots, was a stereotyped sort of treatment, designated by historians as the helleborism of the ancients. The treatment was principally carried on on the island of Antecira, and to take a voyage to Antecira was synonymous in those times to our modern "going to the springs or to some water-cure establishment."

In looking at the beautiful flower you will find that the calyx is composed of five large, roundish, concave sepals, at first white, with a blush of a pale rose-color deepening by age and finally assuming a greenish tint, after the impregnation of the seed. Petals tubular and two-lipped; filaments numerous and supporting yellow anthers. Leaves pedate, large, composed of five, six or more leaflets, of a deep-green color, smooth;—leaflets ovate-lanceolate, smooth, shining, coriaceous, with the distal half of each slightly serrated,—flowerstalk a scape, six or eight inches in length, erect, round, variegated with red, and supporting one or two flowers. Root blackish with numerous fibres.

From this root we obtain a brownish straw-yellow tincture.

How does this root act upon the human system? This is best ascertained from one or two cases of poisoning, and from Hahnemann's provings.

The following case is related in Ferrari's *Journal Universel:*

Two persons took a decoction of this root in cider; three quarters of an hour after taking it, alarming symptoms were developed, without exciting suspicion of the real cause. One of the men, therefore, took another dose, when vomiting, delirium, horrible convulsions, accompanied with immediate coldness supervened, and death at last ensued. On dissection, sixteen hours afterwards, the appearances in each were found precisely similar, except that in the one who took the largest quantity, they were more strongly marked; the lungs were gorged with blood; the mucous membrane of the stomach was considerably inflamed, of a blackish-brown color, and reduced almost to a gangrenous state; the œsophagus and intestines were natural.

This case shows that black Hellebore is an acrid poison, excessive doses of which cause vomiting, and inflame the lining membrane of the stomach.

Another case of poisoning is reported by Morgagni: A man who appeared to be nearly fifty years old, being in the hospital on account of melancholia, was about to depart, when he took some extract of black Hellebore by which he was considerably purged. In the

beginning of the night, seven or eight hours after taking the drug, he was attacked by vomiting and pains in the abdomen, which were allayed by warm broth; about the fifth hour of the night those symptoms returned, and were again relieved. He lay down an hour afterwards, having vomited two or three spoonfuls of a greenish matter. So quietly did he rest that none of the patients in the nearest beds heard him; but at the eighth hour they were attracted to his bedside by a peculiar noise from his mouth, and found him dead. He had taken about forty drops of the extract, a quantity which had been administered to others with impunity. He had, however, neglected to drink copiously of whey, a precaution which it was customary to recommend. After death the extremities were relaxed, muscles flabby; the stomach, œsophagus and intestines were found inflamed, though not violently in any part; the whole of the cerebrum was found softened and shrivelled.

In this case purging was the first effect of Hellebore; this was followed by vomiting and pains of the abdomen, again followed by vomiting of two or three spoonfuls of a greenish matter. The whole of the intestinal canal was found inflamed, except the larger bowels. The cerebral changes cannot be considered reliable, since the man was under treatment for melancholia, and the brain may have been previously diseased.

According to this case, smaller doses of Hellebore first act as a drastic medicine; the vomiting seems to follow next.

Another interesting case is reported by Fahrenhorst in Rust's Magazine. A young man of nineteen years swallowed a tablespoonful of the powdered Hellebore by mistake. Soon after he was attacked with *copious vomiting*. Two hours after, when the Doctor was called, the patient had vomited sixty times, the whole body was covered with a cold, clammy sweat, the face was pale, and the features looked distorted, the pulse was small and tremulous, the abdomen distended, but not very painful when touched. The patient had frequent twitchings of the muscles of the legs, and complained particularly of a violent burning in the stomach and fauces, which he compared to the burning caused by a streak of fire. After drinking copious quantities of milk and an infusion of althea with opium, and after applying mustard-poultices to the abdomen, he soon recovered from the effects of the poison.

This case reveals to some extent curative powers that may be of use to us in sudden attacks of cholera, where the inflammatory and nervous symptoms, such as violent vomiting and burning pains in the epigastric region, diarrhœa, twitchings of the muscles, sinking of the pulse, coldness of the skin and clammy sweat, manifest themselves conjointly. This case may likewise suggest the propriety of using the black Hellebore in violent forms of gastrodynia or neurosis of the stomach, where precisely such a group of symptoms may occur.

The Christmas Rose is not a polychrest strictly speaking. I have assigned it a place here, because it is a very useful drug in several

important disorders to which the human organism is liable, and because it is a drug of great historical renown, and occupies a prominent position in Hahnemann's writings.

CEPHALIC GROUP.

According to Hahnemann, Hellebore depresses the sensorium, so that, with perfectly sound eyes, the patient sees imperfectly; with sound hearing, the patient hears imperfectly; with a sound organ of taste, he has no taste or appetite for any thing; he recollects past things imperfectly, seems to be absent-minded, has no refreshing sleep, wants to work without having the ability to do so. This impaired state of cerebral innervation may be of use to us in the application of Hellebore to various diseases to which the brain is liable.

We notice among the symptoms of Hellebore which Hahnemann and his disciples have recorded for us, a sense of stupefaction with dizziness; stupifying headache, as if the membranes of the brain were drawn tightly around this organ.

Another prover experienced a feeling of *soreness* throughout the brain.

As far as we may infer from the provings which have been instituted thus far, and from the effects of large doses which have been swallowed inadvertently now and then, Helleborus niger affects the brain in a very marked manner, inducing engorgement of the cerebral vessels, and depressing the vital energies of the serous membranes of the brain in a manner that may lead to effusions into the ventricles.

The question occurs: Does this drug affect the brain directly, or indirectly? And if the latter be true, by what indirect channel does Hellebore reach the cerebral tissues? We are prepared to answer this question.

Upon examining the color and quality of the blood contained in the engorged cerebral vessels, we find it to be black and thick like the blood that the vena porta carries to the liver to be purified in this organ and afterwards returned to the organism in its purified form through the hepatic veins. We infer from this abnormal condition of the cerebral blood that the secretory powers of the liver have been weakened and in a measure paralyzed by the poison. The paralyzing action of Hellebore upon the functional power of the liver, to purify the portal blood from its acrid and unassimilable principles, is one of the effects of this poison but not the only one.

It is one of the offices of serous membranes to excrete effete serum from the capillary blood, after this fluid has yielded up what nutrient elements it contains, to the tissues. As the portal blood is conducted to the liver for purposes of purification, so is the serum excreted for similar purposes. The acrid principles of the portal blood are collected in the gall-bladder in the shape of bile; those of the serum are excreted in the shape of urine. As the black Hellebore strikes down the functional power of the liver to separate effete principles from the portal blood, so does it strike down the func-

tional power of serous membranes to separate effete principles from the serum. What must be the consequences of a functional derangement of this kind? Where is the effete serum which, in the natural course of things, should be excreted by the serous membranes, to go, if the serous membranes are deprived of the necessary power to fulfil their functional mission? Why, naturally enough, it will collect somewhere else, in some cavity, or in loose tissue. Hence the various forms of dropsy, dropsy of the brain, thorax, pericardium, bowels, cellular tissue.

This is one of the last, most destructive effects of the poison. It may not come to this; we may have simple œdema, a puffing up of particular parts, of the face, hands or feet. The pulmonary parenchyma may likewise be attacked.

Œdema and dropsical effusions are not the only result of a re-absorption of effete serum. The skin loses its turgescence, it becomes inanimate, dry, sallow, and, if the acrid principles of the serum are permitted to remain in the capillaries, heat and fever cannot fail to show themselves. *Thirst* is an inevitable accompaniment of this condition of things. The urine must necessarily be scanty and dark-colored. The bowels, as a general rule, will be loose, slimy; this will depend upon the degree of serous exudation that may take place into the intestinal canal.

Is it not natural that the action of the effete serum upon the mucous membranes should lead to the formation of sores, that the tongue should become aphthous, that the corners of the mouth should become ulcerated, that the conjunctiva should become ulcerated, that ulcerations should break out wherever the atmospheric oxygen has a chance to combine with the devitalized constituents of the effete serum?

And again, can we wonder that the dermoid tissue itself should become diseased when infiltrated, as it were, by disorganized elements? Can we wonder that herpetic eruptions of various kinds should develop themselves, even of an obstinate and inveterate character? Can we wonder that the skin should become a dead membrane and peel off in large patches? We see it even stated in the Oxford Magazine of 1779 that various individuals who had eaten of the *Helleborus fœtidus*, or the stinking Hellebore, a species endowed with powers analogous to those of the black Hellebore, lost not only the epidermis, but their hair and nails besides.

Having given you this brief, but I trust comprehensive and logical, sketch of the physiological action of Hellebore in its complex, we are now prepared to account for the remarkable derangement which the sensorium suffers from the action of Hellebore.

How is it that Hellebore, as Hahnemann informs us, depresses the sensorium? How is it that, with perfectly sound eyes, the patient sees imperfectly; with a sound sense of hearing, he hears imperfectly; recollects past things imperfectly, etc.

This disordered condition of the sensorium undoubtedly arises from the presence of effete serum in the cerebral tissues. The functional power of the brain is undisturbed, but the seeing brain has to see through a turbid medium, and the hearing brain perceives sounds

through a medium filled with opposing heterogeneous particles. In certain forms of

Hydrocephalus, Hellebore proves a capital remedy. Not in hydrocephalus which is one of the natural terminations of inflammation of the brain; but in dropsy arising from a diseased condition of the serous membranes. In children where the reproductive system is constitutionally low, of a lax fibre, morbidly irritable skin, weak pulse, of an impoverished, cachectic appearance, breaking out of the corners of the mouth, sore margins of the tongue, etc., this species of dropsy of the brain may develop itself as a continuation of some acute inflammation of a serous membrane, the pleura, for instance, or it may break out as a sequela to some acute eruptive disease, such as scarlatina.

In such a case we shall find the effusion marked by general signs of decay of the vegetative sphere, bleareyedness, phlyctænæ in the mouth and along the margins of the tongue, ulceration of the corners of the mouth. The patient may be comatose, but convulsions do not occur as they do in encephalitis when effusion is setting in. In the belladonna-dropsy, effusion takes place more suddenly, and is generally marked by convulsions and a sinking and retarded pulse—provided always the effusion is a termination of acute inflammation;—in the Hellebore-dropsy the effusiom may develop itself so gradually that the existence of spasms may remain unnoticed, and the cerebral symptoms may be limited to pain in the head, drowsiness, stupefaction, coma.

The tongue, in hydrocephalus to which Hellebore is homœopathic, may not only be ulcerated, but also stiff, swollen, paralyzed as it were. Hellebore likewise renders the tongue insensible and rigid.

The face looks pale, sallow, even cadaverous; a symptom which likewise points to Hellebore.

Hydrocephalus may set in as a metastatic disease in the case of strumous children, where a subacute irritation may shift to the brain from some point outside of this organ, developing an effusion into its ventricles.

FACIAL GROUP.

Hellebore causes spasmodic sneezing. Hildanus informs us that a woman who had just been confined, took some Hellebore, had a little diarrhœa, vomited mucus, and finally died sneezing.

We may therefore recommend Hellebore for a spasm of the Schneiderian membrane which is characterized by

Paroxysms of *Sneezing*.

CHYLO-POIËTIC GROUP.

We have seen that Hellebore may effect powerful disturbances in the stomach and bowels. It causes:

Bitter taste in the throat;

Dry and slimy taste in the mouth, with violent thirst;

Confluence of watery saliva in the mouth;

Nausea, vomiting of green bile and purging, with great pain;
Burning as from a hot iron in the stomach and œsophagus;
White, jelly-like discharges from the bowels several times a day; also
Hard and scanty stool with violent cutting in the rectum.
We have seen that these symptoms justify the use of Hellebore in *Gastrodynia* and the milder forms of
Cholera Asiatica, with excessive restlessness and anxiety.

URINARY GROUP.

The first effect of large doses of Hellebore is to suppress the urinary secretions, the secondary effect, or the symptom of organic reaction is emission of increased quantities of watery urine. This symptom is valuable in dropsy, where the urinary secretions are very much diminished.

SEXUAL GROUP.

Hellebore depresses or extinguishes the sexual instinct, a valuable indication in disorders where Hellebore is indicated.
In the female it may cause menstrual suppression, and is therefore indicated in amenorrhœa with œdema or ascites.

THORACIC GROUP.

Hellebore causes a good many of the symptoms which characterize *Hydrothorax*, and *Œdema of the Lungs*. We have
Hurried breathing:
Slow and deep breathing;
Contraction of the chest; he had to gasp for air with his mouth wide open, unable to breathe.
We might refer these symptoms to a
Spasm of the Lungs. Hellebore is particularly useful in dropsy of the chest, and perhaps of the pericardium, if the disease is an after-disease developing itself in the wake of measles or scarlatina. In hydrothorax of this kind, the patient may soon become œdematous in various parts of his body; he may be troubled with dry and racking cough, orthopnœa, diminished secretion of urine, etc.

EXANTHEMATOUS GROUP.

Here let us again allude to the fact that Hellebore is homœopathic to the various forms of dropsy, when not resulting from organic disease of the liver and kidneys, but from a deficiency or prostration of the functional power of the serous membranes. It may develop itself more particularly in scrofulous, tuberculous, strumous individuals, after measles, scarlatina, or as a continuation of some acute inflammation of serous membranes; it may affect various localities, the brain, thorax, bowels, sexual organs, cellular tissues, etc.
Dropsy may set in as a sequela of scarlet fever, in the bowels, sexual organs, pericardium; Hellebore is one of the remedies for it.

Dropsy may likewise result from menstrual suppression, in the form of *Ascites*, peritoneal dropsy.

Hellebore has caused *vesicles* in the finger-joints, discharging a moisture;

Herpes, yellowish, discharging a fluid when scratched.

Hellebore has been recommended by Willan for

Lepra and *Plica Polonica*.

FEVER-GROUP.

Hartmann recommends Hellebore for

Lentescent Typhus, with internal burning heat at night, chilliness and cold hands, stupefying sensation in the head, drowsiness, numbness of the extremities, small pulse.

Hellebore has also been recommended for

Intermittent Quartan, with obstinate swelling of the spleen and liver. Here I think Arsenic preferable to Hellebore.

MENTAL.

Hellebore is the great remedy which the ancients were in the habit of using for various mental derangements, more particularly for

Puerperal Mania, and mania from menstrual suppression.

A case is reported in Hufeland's Journal where a girl become deranged in consequence of menstrual suppression, jumping over chairs and tables; she was speedily restored by the internal use of Hellebore.

In olden times, about the year 1400 before Christ, there reigned a good and generous king Proctus, whose daughters were insane in consequence of menstrual suppression or some other abnormal condition of the sexual sphere. The poor girls ran about the forests, naked like beasts, and imitating the sounds of animals. Proctus offered half his kingdom to any one who should cure his daughters. This tempted the good Doctor Melampus to try the cure. He accomplished it with black Hellebore, obtained half a kingdom, and he and his two brothers became the king's sons-in-law.

LECTURE XXXIII.

HYOSCYAMUS NIGER.

(*Black Henbane.*—Nat. Order:—SOLANEÆ.)

THIS name is derived from the Greek *huos*, hog, and *kuamos*, bean. Hogs are said to eat the fruit of Hyoscyamus, which bears some resemblance to a bean.—Biennial, flowers from June to August.—Root spindle-shaped; stem one to four feet high, upright, round, tough, branched, wooly towards the top, very leafy; leaves alternate, sessile, somewhat ovate, sinuate, with short lobes, downy and

viscid, exhaling a powerful and oppressive odor; flowers numerous, from the bosoms of the crowded upper leaves, almost entirely sessile. Corolla of a pale yellowish-brown, beautifully netted with purple veins, and a dark purple eye or base; filaments white; anthers and style of a fine deep purple.

The plant, in the first year, has no stem; the leaves are all radical, each having a footstalk or pedicle. The leaves are wooly, but possess little of the odor of the mature plant. The leaves of the second year are large, long, and deeply inverse, sessile, and nearly embrace the stem, and having decurrent lobes which are of a more delicate texture than the blade of the leaf. These lobes are important points to observe in examining a specimen. The leaves are very clammy and fetid, having an odor very similar to that of the black currant; these are the true medicinal leaves, and they should be gathered as soon as the flowers are blown. It is found in Europe, Asia and North America; on road-sides, amidst rubbish, and on hill-slopes where the rubbish collects. We prepare a dark-green tincture from the whole plant, or a brownish-red tincture from the seeds alone.

Goats and swine eat this herb with impunity: horses bear large doses of it.

This is a most important drug in the treatment of various interesting maladies. A few cases of poisoning will make you acquainted with the manner in which this drug affects the human system generally.

Bœrhaave tells us that he experienced a sensation of trembling and drunkenness whilst preparing a plaster of henbane.

Wepfer relates that several monks feasted on the roots of the wild endive, among which were mixed by mistake two roots of henbane. In a few hours some experienced vertigo, others a burning of the tongue, lips and throat; severe pains were also felt in the iliac region and in all the joints. The intellectual faculties and the organs of vision were perverted, and they gave themselves up to ludicrous and crazy actions.

From this case we infer that Hyoscyamus affects powerfully the brain, and through the brain the nervous system generally. You will observe that it caused

1. Vertigo;
2. Burning of the tongue, lips and throat;
3. Severe pains in the iliac region and in all the joints;
4. Perversion of the intellectual faculties and organ of vision, they committed crazy and ludicrous actions.

Most of these symptoms show that Hyoscyamus must be an excellent remedy in some cerebral diseases, more particularly typhus cerebralis, meningitis, and some forms of insanity.

Two symptoms among this series are of importance as therapeutic indications. The severe pains in the joints may foreshadow an approaching inflammation of the brain. It is well known that meningitis is often preceded for a day or more by rheumatic pains of the joints and muscles. The perversion of the intellect and sense of vision indicates Hyoscyamus as a remedy for craziness.

Two soldiers of the French army before Cadiz ate the young shoots of the plant dressed in olive-oil. They presently became giddy and stupid, the ground seemed to give way under their feet, they lost their speech, and had a dull, haggard look. The pupils were excessively dilated, and the eyes so insensible that the eyelids did not wink when the cornea was touched; the pulse was small and intermitting; breathing difficult, jaws locked, and the mouth distorted by risis sardonicus. Sensibility was extinct, the limbs were cold and the lower extremities palsied, the arms convulsed, and there was that singular union of delirium and coma usually termed typhomania. One of them was exceedingly delirious, and attempted to escape.

Here we have an important series of symptoms:

1. Giddiness and stupefaction;
2. Sensation as if the ground were giving way under their feet;
3. Loss of speech;
4. Dull and haggard expression of the countenance;
5. Excessive dilatation of the pupils, and insensibility of the eyes;
6. Small and intermittent pulse;
7. Difficulty of breathing;
8. Lockjaw and risus sardonicus;
9. Loss of sensibility;
10. Coldness of the limbs, paralysis of the lower extremities, convulsion of the arms;
11. Typhomania or an union of delirium and coma.
12. Attempts to escape.

Both were saved by means of an emetic of stibium, drastic purgatives and frictions with vinegar.

These symptoms point most signally to various cerebral affections, more particularly to

Meningitis, even in the stage of coma—(the fifth symptom indicates this affection).

Typhus of the brain, as indicated by the typhomania, the appearance of the countenance, and the desire to escape which is eminently characteristic of Hyoscyamus; and

Hysteria cerebralis, or hysteric *Convulsions*, as manifested by the risus sardonicus and the lockjaw.

Dr. Patouillat, of Toucy, in France, saw nine persons who were poisoned by this root; some were speechless and convulsed, others occasionally howled; in all there was protrusion of the eyes, contortion of the mouth like risus sardonicus, and delirium.

This case shows that Hyoscyamus affects the brain, and that it may be of great use in *Mania* and *Rage*.

It is related in the London Lancet that a tailor, under the influence of this plant, could not thread his needle; his needle seemed to have three points. This shows the disturbing action of Hyoscyamus upon the organ of vision.

Kahleis reports the case of a young girl in whom the seeds of

Hyoscyamus caused distortion of the mouth (risis sardonicus), constipation, desire to vomit, afterwards convulsive movements like chorea, loss of sight and hearing, dilatation of the pupils, and an exceedingly small pulse. In this case the effect of Hyoscyamus upon the special senses is to be noticed: loss of vision and hearing.

According to Vicat, a man and his wife ate the root, and were attacked with difficulty of swallowing, inflammation of the brain and stupefaction. In meningitis where Hyoscyamus is indicated, the patient is generally more or less stupid, and at times shows symptoms of furious delirium.

From three injections of Hyoscyamus, Berignon observed apoplectic symptoms, loss of sight, brown color and bloating of the face, vertigo and delirium.

Rueff states a case where a man, who used the vapors of Hyoscyamus for toothache, was attacked with complete impotence.

Gmelin reports a case of a little girl who took one scruple of a decoction of the seeds; she was attacked with epilepsy, rolling of the eyes, foam at the mouth, grating of the teeth, stupor and insensibility.

In Frank's Magazine a case is reported, where a woman, from eating the root of Hyoscyamus in the place of parsnip, was attacked with gradually increasing stupefaction, vibrations before the eyes, sparkling of the eyes, diplopia, dilatation of the pupils, obscuration of sight, vertigo, dryness in the mouth, trembling of the limbs, staggering gait, small, scarcely perceptible, frequently intermitting and moderately slow pulse.

In this case we observe particularly the effect of Hyoscyamus upon the eyes, the luminous vibrations, the sparkling of the eyeballs, the diplopia and the obscuration of sight.

A little girl of four years who had eaten some of the seeds of Hyoscyamus, was attacked with the following symptoms:

Small, white *vesicles* on the lips;

Bright redness of the face and of the conjunctiva;

Excessive dilatation of the pupils so that only a very narrow border of the iris remained visible;

Perfect insensibility of the pupil, even when exposed to the brightest light;

Slimy coating on the back part of the tongue;

Small pulse, but tumultuous and irregular beating of the heart;

Complete loss of sense;

Frequent moaning and catching at something with the fingers spread out;

Frightful grating of the teeth;

Continual unintelligible muttering.

An emetic, vinegar and water internally, and cold affusions to the head saved the child's life.

We cannot fail to notice in this case the wonderful power possessed by Hyoscyamus, of producing amaurosis. From the accompanying

symptoms we infer that the amaurosis occasioned by Hyoscyamus, is not an idiopathic disease of the optic nerve and retina, but a symptom or sequela of some more general cerebral disorder, such as typhus or inflammation. The grating of the teeth and the comatose condition of the child, would justify the use of Hyoscyamus in encephalitis with effusion into the ventricles.

In a case of poisoning reported in the Journal de Médécine, the symptoms were those of furious delirium tremens and typhus. The patient had swallowed three ounces of the seeds of Hyoscyamus as a remedy for pains in the rectum. His face became *bluish;* the eyes looked red, wild, sparkling; the veins of the neck, extremities and more particularly those of the face were very much distended; the whole body was convulsed; frequent subsultus tendinum, and a furious delirium, so that he became uncontrollable. During the periods of remission, he was engaged in catching at flocks in the air, or at pulling at the bed-clothes; he uttered but few inarticulate sounds. When he became quiet, he seemed very much exhausted and snored deeply, until the convulsions recommenced. His pulse was small, quick, contracted and intermittent, and easily compressible; hypogastric region distended and sensitive; scanty secretion of urine. The patient was tormented by itching which obliged him to scratch himself until bleeding; he manifested an irresistible aversion to every kind of beverage.

These symptoms may represent a group of typhus cerebralis and likewise of meningitis.

In several other cases of poisoning, where the patients were children, one talked and laughed most merrily, a peculiar sort of delirium; others resisted by scratching, pinching and biting if an attempt was made to control them, or to take things out of their hands; the eyes were glistening, unsteady, rolling about in their sockets. We therefore find Hyoscyamus indicated in

Rage and merry *Craziness.*

These few cases of poisoning and Orfila's experiments upon animals show:

1. That Hyoscyamus is a powerful poison capable of intensely disturbing the action of the brain, of the cerebral, spinal and ganglionic nerves;
2. That the plant acts with more intensity in the fall, when fully matured, than at any previous period;
3. That the root is more efficacious than the leaves, and
4. That the seeds are more efficacious than either.

The active principle of this drug is its alkaloid Hyoscyamine which affects the organism either by its direct action upon the brain or through the blood. Orfila's experiments upon animals have led him to conclude that the poison acts most powerfully when introduced into the circulation.

Upon examining the action of Hyoscyamus upon the brain, you will discover a very great analogy between the effects of Hyoscyamus

and those of Belladonna. Both these agents induce a similar kind of delirium, marked symptoms of congestion, derange the intellectual faculties and the special senses in a similar manner, and may therefore be indicated in the same range of cerebral diseases, more especially in phrenitis, typhus, apoplexy, convulsions. Nevertheless there is a marked difference between the action of Belladonna and that of Hyoscyamus in this, that Belladonna acts upon that principle in the brain which presides over the phenomena of the arterial, and Hyoscyamus over that principle in the brain which presides over the phenomena of the venous system. Hyoscyamus cannot possibly be indicated in the uncomplicated scarlet-fever of Sydenham, because it is incapable of inducing a congestion of the arterial capillaries such as we know exists in scarlet-fever. Keeping this leading difference in view that the phenomena of congestion which characterize the action of Hyoscyamus, refer more to the venous, and the phenomena of congestion which characterize the action of Belladonna, refer more to the arterial system, we shall be prepared to discriminate in practical cases between the requisite therapeutic properties of these two drugs.

Hahnemann has furnished us more interesting provings of Hyoscyamus, which we will subject to a closer examination in connection with the toxicological symptoms of the drug.

CEPHALIC GROUP.

The action of Hyoscyamus upon the brain is most remarkable, and shows that this drug must be one of our chief remedial agents in diseases of this organ. Among the symptoms which characterize the action of Hyoscyamus upon the brain, we may distinguish the following:

Vertigo (of a fortnight's standing);
Vertigo with obscuration of sight;
Vertigo as if intoxicated;
Loss of sensibility; he may be pinched without his taking the least notice of it;
Stupefaction;
Loss of sense;
Heaviness of the head, and violent headache;
Stupefying headache, sometimes with stinging and tearing pains;
Headache, with unnatural heat in the head;
Undulating sensation in the head, like a violent beating of the arteries; with pressure in the forehead.

These are the peculiar pains which Hyoscyamus excites in the head; they alone would not be sufficiently characteristic indications to recommend Hyoscyamus as a remedy of great power or comprehensive range. But these are not the only indications of the manner in which Hyoscyamus affects the brain. Its action upon the brain as manifested by its action upon the special senses, shows that the therapeutic virtues of this drug in various cerebral diseases are of the highest order. Look, for instance, at the manner in which it

affects the sense of vision. Among those who have poisoned themselves with Hyoscyamus, some have been attacked with

Temporary *amaurosis;* others with

Dimness or obscurity of sight; others with

Illusions of sight; things looked red as fire, or had a golden-yellow appearance;

Things that were very small looked as if they were large, for instance a lark seemed a goose; a blade of grass looked like a beam, a drop like a lake; when reading, the letters seemed to move about, and looked as if ants had been crawling about;

One imagined that the needle had three points, he was unable to thread it;

Another fancied that pictures on the wall were hanging crooked, and would fall;

Sparkling and red eyes.

And now look at the manner in which Hyoscyamus affects the sensorium, the intellectual faculties and the nervous system generally; it causes:

Stupor;

Constant desire to sleep;

Excessive prostration;

Delirium of various kinds, loquacious, furious, muttering incoherent, full of improper words, insulting, profane;

Silly demeanor;

Grasping at flocks;

Picking at the bed-clothes;

Constant desire to escape.

Taking all these symptoms together, you will find that they make up several groups corresponding with *Phrenitis, Typhus Cerebralis* and *Delirium Tremens.*

In order to complete these groups, it will be necessary to add to the morbid phenomena here described, the symptoms expressive of the appearance of the countenance, the marked changes which Hyoscyamus occasions in the sphere of the special senses, particularly hearing and sight, in the ganglionic system of nerves, and in the sensorial range; these morbid phenomena, more especially the delirium, constitute essential elements of a group of symptoms representing phrenitis or typhus cerebralis. We shall describe these particular phenomena in their order, and, in the meanwhile, will here premise an outline of the characteristic pathognomonic signs of phrenitis, in order to enable us to make good our assertion that Hyoscyamus is in eminently homœopathic rapport with this most violent snd dangerous disease.

Phrenitis, according to Schœnlein, is distinguished by violent congestions of the head, throbbing of the carotids, red and bloated face, injected appearance of the eyeballs, furious delirium, which often manifests itself in the form of violent cries accompanied by resistance to the least opposition. Optical phantasms, hardness of hearing, trouble the patient. In some cases, the sensitiveness of the pupil to ight may be so greatly increased, that it will contract to the smallest

dimensions. The pulse is full, hard and tense; skin hot and dry; the bowels are bound, the urine is red and scanty. If the patient is conscious, he complains of thirst.

In *Typhus Cerebralis*, where Hyoscyamus is indicated, we may have violent pains in the head, apparently of a rheumatic nature, with symptoms of congestion; very soon the features convey an expression of deep suffering; the face looks haggard, the tongue becomes dry, with a brown, glazed coating, the taste is altered, foul, the teeth become covered with sordes, delirium sets in, of a muttering or furious kind, the patient is troubled with optical illusions, sees double, thinks that objects will fall over, indulges in coarse and obscene language, etc.

In *Delirium Tremens*, Hyoscyamus is seldom indicated, except perhaps in the case of old, worn-out topers, where the delirium is of a muttering kind, the pulse small, quick, compressible, the skin cold and clammy; or it may possibly be of use in this disease, if persons of an irritable temperament become furious under the exciting effects of liquor, with glistening eyes, bloated face, and a full, hard, rapid pulse. Here Hyoscyamus may compete with Belladonna and Opium, though this last-named agent will be found a most admirable counterpoison under these circumstances.

We should not forget that
Apoplexy may be successfully treated with Hyoscyamus, if the symptoms of the paroxysm correspond with those of the drug. We have seen that Hyoscyamus causes a bluish and bloated appearance of the face, violent cerebral pains and congestions, redness, protrusion and sparkling of the eyeballs, excessive dilatation and insensibility of the pupils, stertorous breathing, stupor and coma, small, rapid and intermitting pulse, with tumultuous beating of the heart, or else full, hard, somewhat accelerated pulse; the extremities may feel numb, and even insensible; or a prickling sensation may be felt in them, and they may be covered with a clammy sweat. These symptoms may characterize an attack of apoplexy, and will be fully met by Hyoscyamus.

Let us now consider the symptoms belonging more properly to the

NERVOUS GROUP.

We may range them under three leading sub-divisions, viz.:

a. *Pains.*

Such as: pains in the joints; rheumatic pains, also in the extremities and loins; numbness of the extremities.

These pains may exist in the preliminary stages of phrenitis and typhus of the brain, when these diseases originate in rheumatic exposure. And they may also exist as rheumatic affections, independently of cerebral disease. In Old-School practice, local rheu-

matic pains have been frequently treated with Hyoscyamus poultices, which seem to have afforded relief in more than one case; though I am disposed to look upon the relief afforded by Hyoscyamus in rheumatic affections as a palliation of the pain, rather than as a radical cure.

b. *Weakness and Paralysis.*

Viz.: fainting, weariness; the lower extremities are so weak that he is unable to support himself; prostration and trembling of the whole body; hemiplegia.

These symptoms have no value except in so far as they characterize affections of the brain, where Hyoscyamus is indicated as the particular remedy.

Hemiplegia may set in during the course of cerebral typhus, or it may remain as a consequence of some acute cerebral disorder. Hyoscyamus may benefit this condition of things, especially if the hemiplegia has been entailed upon the patient by severe antiphlogistic treatment, and Hyoscyamus was required by the original malady.

c. *Spasms and Convulsions.*

Which we may distinguish into:

a. *Simple Spasmodic affections,* such as:

Chorea,

Subsultus tendinum,

Spasms, with watery diarrhœa and enuresis,

Spasm of the neck which was twisted to one side.

b. *Epileptic Convulsions,* in one instance caused by fomentations of Hyoscyamus to the head; the patient fell down suddenly, convulsed, uttering a cry, with the thumbs clenched and froth at the mouth.

c. *Hysteric Convulsions,* with risus sardonicus, frequent changes of color in the face, congestions of the head; in this disease Belladonna competes with Hyoscyamus.

d. *General Tetanic Convulsions,* viz.:

Alternate convulsions of the upper and lower extremities.

Convulsions during which the patient stamps his feet on the ground, first one foot and then the other.

In one case the convulsions lasted five days.

Convulsions with contraction of the extremities, and tossing of the body upwards.

Many and probably most of these phenomena occur as manifestations incidental to some deep-seated cerebral disease, phrenitis or typhus. The subsultus tendinum for instance, and even the tetanic convulsions of Hyoscyamus will, upon a closer examination, be found to constitute prominent symptoms of a nervous disorder where the functional harmony of the cerebro-spinal axis is disturbed to its very centre.

Speaking of the convulsions that may indicate the use of Hyoscyamus, we cannot omit, in this place, the mention of that frightful class of convulsions to which parturient females are liable, we mean *Puerperal Convulsions* or *Eclampsia.* Among the medicines

which are required under these circumstances, Hyoscyamus holds a prominent rank. The paroxysms set in suddenly, without hardly any premonitory signs; the patients froth at the mouth, shake convulsively from head to foot, are tossed up in the air as it were, the extremities become rigid, this rigidity is followed by frightful twitching of the tendons, the functional power of the senses seems almost extinct. These are diseases which we treat far more successfully than Old-School physicians; but if you hear homœopathic physicians boast of curing all such cases, I advise you to apply to the members of our profession who may be disposed thus to exaggerate their exploits, the beautiful precept which Louis XII., the good Saint Louis of France, had laid down for himself in regard to erring sinners generally: "If I should catch an angel of the Lord doing wrong, I should cover him with my royal cloak and say: I have seen nothing,"—you may think what you please, but hear nothing.

In Frank's Magazine, a case is quoted from Bernhardi's Journal, where the curative virtues of Hoscyamus in hysteric convulsions are strikingly shown. A young lady of twenty years, who had not menstruated for some time, had overheated herself at a ball, and was attacked with oppression of breathing, which gradually increased to a state of stupefaction. Her face was much heated, cheeks glowing, she was, without any consciousness, tossed about, pulse full, hard; superficial and hurried breathing. She was treated by an allœopathic physician with the usual antiphlogistic means. Her menses returned and she seemed much better, when about four or five days after the return of the menses, she was taken with convulsions. Some of these paroxysms set in with a general tetantic spasm, rigidity of the extremities and bending backwards of the head, protrusion of the tongue, twitching of the auricular muscles, followed by alternate violent convulsions of single muscles and of the whole body; other paroxysms set in with sopor and subsultus tendinum, terminating in delirium. Half a grain of the extract of Hyoscyamus, rubbed up with sugar, was given morning and night; under this treatment a complete cure was effected in one fortnight.

The prescription emanated from an allœopathic physician, but is eminently a fact legitimately belonging to the domain of Homœopathy.

ORBITAL GROUP.

Upon examining the symptoms of this group, you will again find that they do not constitute idiopathic affections, but that they are incidental to some more general cerebral disease, phrenitis or typhus.

We may range the eye-symptoms of Hyoscyamus under various heads:

a. *Inflammation.*

Red and inflamed eyes;

b. *Spasm.*

Distorted eyes; convulsive rolling of the eyeballs;
Blepharospasmus, with inability to open the lids.

c. *Altered visual power.*

Obscuration of sight, even complete amaurosis; staring eyes; sparkling eyes; excessive dilatation of the pupil, with presbyopia or complete insensibility to light or contact.

In one case the presbyopia with dilatation of the pupils existed as a chronic affection.

d. *Optical phantasms.*

Viz:

Nine persons saw objects as if scarlet-red; others: red as fire; others: yellow as gold,

A lark seemed like a goose, a blade of grass seemed like a beam, a drop of water like a lake; print seemed very large;

A needle had three points; hanging pictures seemed to fall.

Amaurosis, to which Hyoscyamus is homœopathic, is most probably a sequela of phrenitis or typhus cerebralis. Such sequelæ are very apt to remain under the antagonistic or antiphlogistic treatment of the Old School.

Amaurosis induced by sunstroke or by apoplexy, may require Hyoscyamus, if the original disease indicated this drug.

The symptoms expressing the various optical illusions excited by the action of Hyoscyamus upon the brain and retina, denote peculiar forms of craziness, and may likewise characterize typhus of the brain.

Redness of the eyeballs is characteristic of phrenitis and apoplexy.

Chromatopsia or seeing colors, is a morbid condition of the retina that may require Hyoscyamus.

FACIAL GROUP.

Here we have to note:

Nosebleed (from large doses);

Red and bloated, bluish face;

Distorted clay-colored face, with gaping mouth;

Brown-red and bloated face.

The nosebleed may occur as a critical symptom in violent cerebral congestions, such as exist in typhus, phrenitis, apoplexy.

The brown-red, bluish and bloated face points to apoplexy; the clay-colored and haggard face to typhus in the second or third stage, or to delirium tremens of old, cachectic topers.

BUCCAL AND PHARYNGEAL GROUPS.

In this direction the symptoms again point to some one of the above-mentioned disorders. We have the following symptoms:

Clean and parched tongue;

Burning dryness of the tongue and lips which look like scorched leather;

Numbness of the tongue;

Dumb, impeded speech, with loss of sense;

Stinging dryness of the fauces, with spasmodic contraction, as if a drop of tea would choke him;

Convulsions after drinking;

Foul-smelling breath.

This peculiar change in the appearance and sensibility of the tongue may occur in typhus. In this disease the tongue may look and feel like scorched leather, and it may be paralyzed so that the patient is only able to utter inarticulate sounds.

The dryness and spasmodic contraction of the throat when swallowing liquids, with aversion to liquids, may indicate Hyosycamus in *Hydrophobia*, where it competes with Belladonna, though the latter drug is undoubtedly possessed of curative powers in this disease superior to the former.

CHYLO-POIËTIC GROUP.

Hyoscyamus has been proved by several members of the Imperial Provers' Union of Vienna in doses of from one-fourth of a grain to five grains and a quarter. One prover took in all fifty-seven grains and three-quarters.

The symptoms developed by these comparatively small doses of Hyoscyamus were analogous to the symptoms caused by poisonous doses, except inferior to those in intensity. Among the gastric disturbances occasioned by these small doses, we distinguish more particularly the following phenomena:

Nausea with loathing;

Nauseous taste;

Yellow coating of the tongue;

Sour erucations.

Another prover who took in all eighty-seven grains and three-quarters, developed the following symptoms of gastric derangement:

White coating on the tongue;

Furred tongue;

Insipid taste, with aversion to food and fetid odor from the mouth;

Empty eructations;

Oppression after eating;

Foul taste;

The teeth and the whole inner cavity of the mouth are lined with a yellow viscid phlegm.

Hahnemann has likewise recorded some interesting symptoms obtained both from small and large doses of hyoscyamus. The principal of these symptoms are:

Bitter taste;

Watery vomiting, with vertigo;

Hiccough, with spasms and rumbling in the bowels;

Hiccough, two midnights in succession, with involuntary micturition and froth at the mouth;

Burning pain in the stomach, amounting to inflammation;
Colic, as if his abdomen would burst;
Tympanitic distention of the abdomen, painful to the touch;
Rumbling with violent diarrhœa;
Watery, slimy diarrhœa, more or less involuntary.

These symptoms are important as indications for Hyoscamus in several severe diseases. It is very doubtful whether any of these symptoms, when developed as purely gastric disturbances, will be reached by Hyosycamus. But as conditions incidental to typhus or hysteria, they may serve as confirmatory evidence that Hyoscyamus is adapted to the case.

The horrid taste which Hyoscyamus excites in the mouth, and the fetid odor, are very apt to occur in *Typhus*.

The sordes on the teeth is another symptom developing itself in *Typhus*.

Hysteria may sometimes develop some of the other symptoms of gastric derangement, more particularly the *Spasmodic Singultus*, with eructations, or attended with burning pain in the stomach.

A case of spasmodic eructations is mentioned in Frank's Magazine, which were speedily arrested in Hyoscyamus. The patient was a girl of fourteen years who had not yet menstruated. The air was expelled from the stomach with a violent spasmodic movement of the pharynx, causing a loud, ringing, very deep sound; this spasm was followed by several feebler eructations. The paroxysms lasted two minutes and returned every fifteen minutes. The eructations were so painful that the patient cried when she first perceived their approach. A variety of means were tried to remove the difficulty, but in vain. The extract of Hyoscyamus administered in small, but increasing doses, arrested the difficulty permanently in a few days.

Tympanitic distention of the abdomen, with pain when touched, is another symptom of hysteria which will undoubtedly yield to Hyoscyamus, when presenting itself as an element of such a group.

Whether *Diarrhœa* will yield to Hyoscyamus, except when occurring as a symptom of hysteria, or typhus (in the last-mentioned affection the discharges are generally involuntary), is questionable. Among hysteric females, and especially young girls whose bowels are apt to bloat, and who are subject to attacks of diarrhœa with colicky pains, and frequent urging to stool, or where the sphincters are weak, causing great difficulty in retaining the fæces; and where the least excitement, the least mental trouble, provokes the attack, Hyoscyamus may prove of great value. Under these circumstances it may be well to use the alkaloid *Hyoscyamine*, which dissolves very readily in water, in the proportion of one-fiftieth or one-hundredth of a grain to four ounces of water.

Small doses of Hyoscyamus may cause urging to stool, with costiveness and distention of the bowels. In hysteria this condition may occur. We therefore recommend Hyoscyamus for

Cositiveness with urging in the case of hysteric females.

Paralysis of the Sphincters, more particularly among patients who are liable to functional nervous disorders of the character of hysteria, may yield to Hyoscyamus. If resulting from mismanaged dysentery, as a consequence of the antagonistic treatment, our best remedy is Aconite.

URINARY GROUP.

Hyoscyamus causes frequent urging to urinate with inability to expel the urine. This is the primary effect of the drug. During the stage of organic reaction, the urine may flow very copiously.

Either of these conditions is symptomatic of other more general affections, hysteria or typhus. In hysteria there may be profuse enuresis, or constant urging with scanty secretion; in typhus the urinary secretion may be entirely suppressed.

SEXUAL GROUP.

Hyoscyamus affects the sexual sphere very powerfully. In one case, the emanations from the leaves of the plant caused

Impotence, continuing for two months.

Hyoscyamus causes profuse menstruation, accompanied or preceded by a variety of nervous affections.

In one case, for instance, the appearance of the menses was preceded by immoderate laughter.

In another case the appearance of the menses was accompanied by profuse prespiration, nausea and enuresis.

In another case again, the menstrual flow was accompanied by violent convulsive trembling of the hands and feet as if from rage.

In one case, the flow was accompanied by delirium.

These various abnormal phenomena show that Hyoscyamus must be a most important agent in cases of

Metrorrhagia and *Menorrhagia* when accompanied by abnormal conditions such as we have alluded to. You will find this great agent particularly useful in the case of hysteric females whose menstrual functions are marked by such irregularities.

Small doses of Hyoscyamus excite the sexual instinct both in the male and female. This symptom, in connection with the numerous abnormal nervous phenomena which may show themselves during the menstrual period, point to Hyoscyamus as an useful agent in some of the most terrible disorders that females may be subject to.

One of these disorders is

Nymphomania, to the different stages of which Hyoscyamus is adapted. Hahnemann has left us the description of an interesting case of nymphomania where Hyoscyamus was employed as the chief curative agent. A girl of fourteen years had been sleeping in the sun, in consequence of which she was attacked with the following symptoms: Four days after sleeping in the sun the frightful idea took possession of her that she saw a wolf, and six days thereafter she felt as if she had received a blow on the head. She now spoke

irrationally, became as if mad, wept much, experienced paroxysms of difficulty in breathing, spat white mucus, was unable to explain any of her troubles. The eyes were very much injected.

A few day later, the first symptoms of nymphomania showed themselves. She wanted to kiss persons, and gradually became very lascivious in her actions and words, endeavoring to expose her person and to commit improprieties with those near her. Her skin and sexual organs itched very much.

She was speedily cured by Hyoscyamus 30, and lastly one dose of Sulphur.

Another dreadful disease of the sexual sphere of the female is *Puerperal Mania;* here, too, Hyoscyamus is one of our main remedies.

A case of this disease is reported in Frank's Magazine, where Hyoscyamus evinced great curative powers. A lady of sanguin-choleric temperament, aged thirty years, had been confined without any untoward accident. Shortly after her confinement, she took cold, one of her breast became inflamed, and the flow of milk and the lochial discharge were very much diminished. Her medical attendant found her with the following symptoms: Breathing short, pulse feeble and contracted, one hundred and twenty; tongue somewhat coated, urine dark yellow, stool regular, great heat; no appetite or sweat; head red and bloated; eyes unsteady, conjunctiva injected, the right breast very much inflamed, red and hard. Suddenly she would jump out of her bed, crying: "I cannot sleep, I shall die any how." She knew every body present, but was enraged, attempted to bite, uttered the most piercing cries, and manifested superhuman strength so that it took seven persons to hold her.

She took the extract of Hyoscyamus in one-grain doses every hour; the paroxysms yielded in a short period, and at the end of twelve days the patient was again able to attend to her domestic duties.

In *Puerperal Typhus* or *Puerperal Peritonitis,* Hyoscyamus is one of our most trustworthy remedies in certain forms of this disease. In the purely erethic and inflammatory form, Hyoscyamus is not indicated. In this form, where the sensorium is not yet disturbed the lochial discharge and the secretion of milk still continue, and the fever either shows the erethic or inflammatory type, with distinct remissions towards morning, Aconite and Belladonna may be required.

Bryonia is adapted to the erysipelatous or gastric-bilious form of this dreadful disease, when the abdomen is distended but soft, and not uniformly painful; the pains are of a colicky nature, not continual, but characterized by distinct remissions and even intermissions; symptoms of erysipelatous inflammation show themselves on the mammæ and sometimes on the lower extremities; the patient complains of a violent aching in the frontal region, the tongue exhibits a dirty-gray, yellowish coating; bitter taste in the mouth, eructations, inclination to vomit and even vomiting; in some cases the

bowels become loose, and the patient has from three to four diarrhœic bilious evacuations; the urine is strongly ammoniacal and turbid, gradually depositing a brick-dust sediment. Pulse quick and soft, full, undulating, from one hundred and thirty to one hundred and forty beats.

In this form, Rhus tox. may compete with Bryonia.

We have been thus explicit in indicating the relation of Aconite, Belladonna, Bryonia and Rhus tox. to puerperal peritonitis, for the purpose of cautioning you against the mistaken notion of associating Hyoscyamus with this disease as its inevitable specific under all circumstances. Hyoscyamus is homœopathically indicated in puerperal peritonitis, when the disease has assumed the form of

Puerperal Typhus, in the strict sense of the term. Typhus may either have developed itself out of the erysipelatous form, or it may at once set in as an idiopathic primary affection. In this disease, Hyoscyamus is indicated by the symptoms which it is capable of exciting in the healthy, viz.: tympanitic distention of the abdomen, stupor, muttering delirium, burning heat of the skin which is either dry and cracks (usually with petechiæ), or else covered with profuse watery sweat smelling like mouldy straw (generally with white miliaria, a vesicular eruption, filled with a watery, albuminous fluid); pulse small, weak, filiform, increasing in frequency; the tongue exhibits a brownish coating, and is dry; diarrhœic stools having a cadaverous smell, and finally coming off involuntarily.

At this stage Arsenic becomes an inevitable adjunct of Hyoscyamus.

RESPIRATORY GROUP.

Hyoscyamus, and more particularly the akaloid Hyoscyamine, causes dryness of the fauces and air-passages; a dry, spasmodic cough, without cessation and worse at night; oppression of breathing. We may therefore find Hyoscyamus useful in

Whooping-cough, with spasmodic paroxysms which are particularly violent at night, and accompanied with great distress for breath, as if the patient would suffocate, with blueness of the face and protrusion of the eyeballs.

EXANTHEMATOUS GROUP.

Hyoscyamus has caused

Groups of large *pustules* from above the hips down to the knees, like confluent small-pox, desquamation taking place in four days;

Brown spots on the whole body, going and coming;

Herpetic spots on the nape of the neck;

Obstinate anasarca.

These appearances are in a measure indicative of a critical termination of some pathological process going on in the interior of the organism.

I have known a case of menstrual suppression in a sensitive and nervous girl, where these spots seemed to come and go as vicarious developments of the menstrual process.

MENTAL GROUP.

The mental derangements caused by Hyoscyamus, may be considered under various heads;

a. *Craziness.*

Where we have
Loss of recollection; he does not know his own family;
He sits immovable like a statue;
Excessive loquacity;
Singing obscene songs;
Shyness;
He prepares for a wedding;
He feels of his head, face, nose;
He acts as if he were cracking nuts;
He acts as if he were chasing fowl;
He puts on a priestly gown and wants to preach;
He puts his arms around the stove, and wants to climb up to the top;
They cried out that things would fall, and grasped at them;
Running against every thing, with open, wild, staring eyes.

b. *Rage.*

Indomitable rage, he wants to stab people;
Dread of being bitten by animals;
Horrible anxiety;
He wants to kill himself in despair;
Many of these symptoms may occur in typhus, more particularly the shyness, loquacity, and the singing of obscene songs.

FEVER-GROUP.

Hyoscyamus is one of the most powerful agents in *Typhus Cerebralis*, or in any form of typhus, where the cerebral symptoms pointedly and unmistakeably indicate this drug. These symptoms have been abundantly indicated in previous paragraphs. It may be homœopathic to any stage of typhus, but more particularly to the congestive stage, with strong symptoms of cerebral engorgement, hot skin, full, hard, quick pulse. In the paralytic stage, it may be necessary to resort to the mineral acids first, before Hyoscyamus can be employed with advantage. This, however, must not be considered as a binding rule. The reader may consult my remarks on Typhus in the Fever-Group of Belladonna.

SLEEP.

Hyoscyamus deranges this condition of the organism very deeply. It causes
Sopor and stupor;
Sleeplessness;
Stertorous snoring during sleep;

He dreams of furious cats that are jumping upon him.

These alterations of the sleep are symptomatic, and only indicate Hyoscyamus when occurring in the course of an affection to which Hyoscyamus is homœopathic. They may occur in phrenitis, typhus, etc.

Sleeplessness may be troublesome to hysteric females, and may require Hyoscyamus.

In regard to the

Dose, I may observe that Hyoscyamus has been given with advantage from the tincture up to the 30th potency; even much higher potencies have been used.

In a case of poisoning, we first give an emetic for the purpose of evacuating the poison. Afterwards we overcome the narcotic effects by resorting to cold affusions, and occasional sponging with warm water; strong black coffee is likewise an excellent antidote.

LECTURE XXXIV.

IGNATIA AMARA.

(*St. Ignatius' bean.*)—Nat. Order:—APOCYNEÆ.

THE beautiful tree, from which this bean is obtained, grows on the Philippine Islands in the East Indies; it has large, ovate leaves; its flowers are long, drooping, white. The fruit is of the size and shape of a middling pear; the seeds, of which there are about twenty in the fruit, are an inch long, bitter; they are horny, of a blackish gray outside, and whitish internally; we cut them in thin slices, dry them by a moderate heat, pulverize them, and make a pale, straw-colored tincture, which is very bitter. In the cold the tincture precipitates crystals which dissolve again in warmth.

This drug was first introduced in European medicine by Camilli, a Jesuit, in the year 1699, and in honor of the founder of his order, the bean has been named St. Ignatius' bean. It is supposed by some authorities that this bean was known long before this period, and that it is probably the substance which, in the Latin translation of the Arabian Serapion, is denominated Nux vomica. The active principle of this bean is Strychnine, the same alkaloid which we find in Nux vomica. Hence these two drugs act similarly, although the action of each is characterized by peculiar symptoms.

Orfila's experiments upon animals with this drug, show that its primary action is upon the medulla oblongata, and that it destroys life by producing tetanic convulsions. Half an ounce of the powder of Ignatia was given to a dog. In about five minutes he commenced to pant; fifteen minutes afterwards, symptoms of convulsions appeared; and in about half an hour he fell down in an attack of tetanus, the intellectual faculties being unimpaired. The animal died

asphyxiated in about twenty minutes after the tetanic symptoms came on.

In another experiment six grains sufficed to kill a large-sized dog.

According to Orfila's statement, the extract of Ignatia injected into the veins, or applied externally, acts in the same manner as the Upas or the Nux vomica.

In the 21st volume of the Philosophical Transactions, Camilli (the Jesuit who first described the fruit to European physicians), relates the following case of poisoning by Ignatia. A man suffering from dyspepsia, being attacked with vomiting and diarrhœa, took a scruple of the powder of Ignatia. He was soon seized with excessive irritation and severe convulsive movements; his jaws were closed; the muscles of the face were drawn in different directions, as if he had been convulsed with laughter.

In this case the effects of Ignatia were *lockjaw* and *risus sardonicus*.

In Hahnemann's Lesser Writings another case of poisoning is described: A youth of twenty years took an over-dose of Ignatia. He was attacked with paralytic rigidity and involuntary twitchings of the lower limbs, great anxiety, coldness of the whole body; the pupils were dilatable and the head free; he was completely restored by drinking eight ounces of vinegar in the course of half an hour.

A man, forty years old, took, after tertian fever, half a bean of Ignatia in brandy. He had numbness of his extremities, violent, general, convulsive cramps, with profuse perspiration.

Professor Jœrg of the University of Leipsic in Saxony, has made some interesting experiments with Ignatia. Twelve of his pupils assisted him in his task. One ounce of the powder was macerated in eight ounces of alcohol. From 10 to 80 and even 200 drops of this tincture were taken at one dose.

Experiments with the pulverized substance of the bean were likewise instituted by these provers in doses of from one to four grains, and it was found that the effects obtained from this preparation, were far more striking than those obtained with the tincture. Combining the symptoms furnished by Jœrg, with the splendid provings of Hahnemann, we may range the pathogenesis of this interesting drug under the following general categories.

CEPHALIC GROUP.

Jœrg and his provers found that Ignatia causes a painful pressure, an aching in various parts of the head. Most of the provers experienced this aching or painful pressure in the forehead over the eyebrows; others in the occiput, whence it would shift to the forehead; some felt this aching all over the head, and some again at one time in one, and at other times in other parts of the head, the pressure shifting about from one locality to another.

This shifting of the aching pain from one part to another was not the only peculiarity observed by the provers. Another was the *intermitting* character of the pain. After the pain had lasted during

the forenoon, it would intermit until evening, when it would be felt again violently for a time. In one case the paroxysms came on regularly every half hour.

These symptoms suggest the use of Ignatia in

Cephalalgia, distinguished by aching in one part of the head or in the whole head. The cephalalgia to which Ignatia is homœopathic may be accompanied by symptoms of gastric derangement of a peculiar character.

One of our provers experienced a qualmish feeling in the stomach previous to the headache; the qualmishness was followed by an aching pain in the forehead, thence extending all over the head, and succeeded by a sense of lassitude. This symptom shows that in headaches originating in gastric irritation, Ignatia may be of great use.

We find the doctrine that Ignatia may be of great use in

Gastric Nervous Headaches, confirmed by a remarkable symptom obtained by Professor Jœrg himself, from the powdered substance. He experienced, from three grains of the pulverized bean, a "seated pressure in the region of the stomach, followed by a painful pressure or an aching in the forehead, shifting to different parts of the head and even cheeks; urging to stool, with several natural evacuations, weariness; the appetite was not materially disturbed, but there was a speedy feeling of repletion after eating."

The remarkable connection between the brain and the gastric functions, in the case of Ignatia, is further evidenced by the following symptom, elicited from forty drops of the tincture mixed in an ounce of water: "Vertigo soon after swallowing the drug, so that the prover staggered and found it difficult to stand erect. Single stitches darted through his head, he felt a buzzing in the ears and objects before him seemed to waver. The prover was unable to fix his mind upon a single idea. The vertigo continued until late in the evening. These symptoms were accompanied by a feeling of loathing, flow of saliva, loss of appetite. Next day a headache set in, which was made worse by eating, and continued off and on for several days."

Upon a farther examination of the symptoms, we shall find that Ignatia is homœopathic to

Hemicrania, a sort of semi-lateral nervous headache. Several of Jœrg's provers have experienced an aching pain, or a painful pressure, according to the literal text, in one side of the head, with pain in the right eyeball, aggravated by motion, and accompanied by sensitiveness to the light.

Professor Jœrg himself elicited this remarkable symptom: "A painful pressure in the head, with burning in the eyes, lachrymation, swelling of the lids, and a feeling of pressure in the right eye, as if it should be pressed out of the head; this pain was accompanied by cutting-contractive pains in the lower bowels, and copious secretion of a frothy mucus."

These few but exceedingly interesting symptoms show most con-

clusively that Ignatia is one of our most useful agents in that distressing class of headaches termed

Nervous Headaches, Megrim, Hemicrania, especially when the eyes are involved, more generally one eye, with burning and lachrymation, pressure in the eye from within outwards, swelling and suppuration of the lids, photophobia. The pain in the head may be an aching or stitching pain, darting stitches flying through the head.

Jœrg's provings confirm the symptoms obtained by Hahnemann in all essential particulars. Hahnemann's provers likewise experienced this aching pain in the forehead, and in other parts of the head; the pain was *relieved by inclining the head forward*, and resting it upon the table; an *aggravation* of the pain was occasioned *by intense mental labor*.

One of Hahnemann's provers describes his headache in these terms: "*Aching in the forehead*, above the root of the nose, obliging him to incline his head forward; it is followed by a feeling of qualmishness at the stomach."

Another prover has this symptom: "Headache on waking, as if the brain were smashed; after rising, the headache passes off, and gives place to a similar pain in a tooth; thence this pain shifts to the small of the back. The headache is renewed by thinking."

Ignatia has been employed by homœopathic practitioners for the peculiar form of hemicrania termed

Clavus; there is a symptom in the known pathogenetic series of this drug, which warrants its employment in clavus upon homœopathic principles. The characteristic pains of Ignatia in the brain, which we have learnt to know so far, are:

Pressure as from too much blood in the brain.

Stitches darting through the head. And the accompanying pains are, "burning and pressure in the eyes, with lachrymation and photophobia," and gastric derangements, qualmishness, anorexia, cutting and spasmodic pains in the bowels, etc.

The symptom which suggests the use of Ignatia in clavus is the following, recorded by Hahnemann:

"Constrictive sensation in the hypochondria, as when the bowels are constipated, accompanied with semi-lateral headache as if a nail were pressed into the brain, early in the morning."

Hahnemann remarks in a foot-note to this symptom, that the sensation, as if a sharp, pointed body were pressed in, is characteristic of Ignatia. This pressure as by a sticking body is also experienced in the rectum, in the region of the sternum, in the region of the cervical vertebræ, and in other parts.

We must not close this chapter without directing your attention to the fact that Ignatia may prove a valuable remedy in

Catarrhal Headaches, its homœopathicity to which is substantiated by the following symptom of Hahnemann's: "Sensation as if the head were too full of blood; the inner nose is very sensitive to the outer air, as may be the case when the nose is going to bleed."

A similar sensation was experienced by one of Jœrg's provers, Mr. Otto, from three grains of the powder. One hour after taking

the drug, the prover complained of a dull heavy pressure in the forehead, extending downwards into the nasal fossa, where it caused for about ten minutes a sensation as if a violent catarrh was impending. Thence the pressure moved to other parts of the head, shifting in this manner to and fro for several hours.

NERVOUS GROUP.

Our cases of poisoning have shown us that Ignatia may cause lockjaw, risus sardonicus, and paralytic stiffness and numbness of the lower extremities. It has also caused twitchings of these parts.

Hahnemann recommends Ignatia in recent cases of

Epilepsy, especially when occurring among children, in consequence of a sudden fright. In some of these cases it may prove efficient, but in many others it may fail.

We may expect good effects from Ignatia in the treatment of

Spasms and *Convulsions*, even tetanic convulsions, if they seem to depend upon gastric irritations, caused by indigestible food, the presence of worms, or in convulsions of an hysteric nature. In

Hysteric Convulsions, caused by a sudden fright, with sudden suppression of the menses, Ignatia may compete with Aconite.

We shall find Ignatia indicated in cases of

Spasmodic Tremors of recent date, caused by fright or when sympathetically induced by a sudden derangement of the uterine functions, or as a symptom of acute hysteria.

Ignatia has produced some very delicate, but interesting nervous effects among Hahnemann's provers. In some of them, for instance, it seems to have affected the joints in a peculiar manner, causing a *feeling of lameness*, a sensation as if the joints had been *wrenched* or *bruised*, without any perceptible symptoms of inflammation or irritation.

In others it has caused *crampy pains*, a sense of *rigidity, heaviness* in the lower limbs;

Others have *experienced stitches* in the larger joints, shoulder, hip, and knee-joints, and in the heels;

Others have complained of *stingings*, as by insects, in various parts of the skin;

Itching shifting from one place to another after scratching;

Acute pain at a small spot, here and there, only when touching the part.

These and other similar abnormal sensations show that Ignatia is possessed of a remarkable power of deranging the harmony of the sentient system, and that we therefore may find it of great use in

Spinal irritation, when the medulla oblongata is the seat of the trouble, and in

Hysteria, where these Protean forms of abnormal nervous sensibility are very apt to occur. It is possible that in

Globus hystericus, with flow of water from the mouth, Ignatia may prove of use.

ORBITAL GROUP.

You recollect that Professor Jœrg's proving resulted in a species of

Ophthalmia, with burning pain, pressure in the eyeball as if pressed out of the socket, swelling of the eyelids and profuse lachrymation, suppuration and photophobia. Let us not forget, however, that this condition came on in the train of a peculiar cephalalgia. Hence we infer that the ophthalmia caused by Ignatia is of a sympathetic nature rather than an idiopathic affection. It is probable, however, that in some forms of a purely nervous irritation of the retina and iris, Ignatia may prove useful. According to Hahnemann's provings, it causes

Photophobia of a purely nervous character, without any apparent signs of inflammation;

A *circle* of *luminous zigzag vibrations* out of the line of vision; the print upon which the eye happens to be fixed, becomes invisible, whereas the print by the side of it is more distinct. This is somewhat like

Spurious Vertigo, a paroxysmal affection described by Herz under this name.

DENTAL AND BUCCAL GROUPS.

When speaking of headache, I stated that a *crushing pain* in the brain was experienced by one prover, and that this pain afterwards shifted to a tooth. Hence we may recommend Ignatia for

Odontalgia, as if the tooth were crushed or smashed into fragments. Ignatia also causes a *digging* pain in the molar teeth, and a soreness in the teeth; they also become loose.

Ignatia causes some interesting symptoms in the mouth and fauces. We have seen previously that it causes

A feeling of soreness in the mouth, under the tongue, and

Secretion of a *frothy saliva*, also profuse *ptyalism*.

Hahnemann has experienced:

Stitches darting from the throat to the inner ear, especially *between the acts* of deglutition; also

Sensation *as if a lump* had lodged in the throat.

Crawling or *tingling* sensation in the fauces, and

Aching pain in the submaxillary glands.

These symptoms are not very important; nevertheless they may indicate Ignatia in various nervous affections. The lump in the throat, for instance, may be a symptom of

Hysteria; hysteric females may be troubled with this symptom. Ignatia may also be useful in certain forms of

Angina faucium, where the patient is troubled with stitches between the acts of deglutition. In angina where an inflammatory character is decidedly prominent, Ignatia will never be of much use. The character of an Ignatia-angina is, as the symptoms show, of a nervous type, an acute nervous irritation, the inflammatory symptoms being secondary.

CHYLO-POIËTIC GROUP.

The action of Ignatia upon the nerves of the stomach and small intestines is characterized by a number of characteristic and important symptoms. Let us briefly consider them under the heads of: *taste, abnormal nervous sensations, pains* and *changes in the alvine secretions.*

Taste, and gastric symptoms: Ignatia causes a flat, chalky and also a sour taste. It also causes a loathing of food, aversion to milk and warm food in particular. These few symptoms are of importance only as elements of a more general group.

Nausea, with uneasiness and anxiety.

In the case of Professor Jœrg, Ignatia caused an

Insipid, chalky taste, restless sleep and a feeling of warmth in the interior of the body.

Musty eructations.

Nervous sensations: Under this head we have to record a number of interesting symptoms, more especially the following:

Hiccough after eating;

Feeling of weakness in the epigastrium;

Sensation in the stomach as if one had been fasting too long, as if the stomach were empty, with flat taste and languor in the limbs.

Among the nervous symptoms recorded by Professor Jœrg, we distinguish two similar symptoms: "Canine hunger, with qualmishness, followed by straining towards the rectum, pressure in the region of the vertex, thence shifting to the forehead, attended with burning in the eyes and lachrymation, swelling of the lids, secretion of mucus from the Meibomian glands; the hunger was appeased immediately after commencing to eat."

The other symptom is recorded in the following terms:

"Drawing in the stomach, as if the walls of the stomach were pulled; with alternate feeling of fullness and emptiness, the latter sensation accompanied by a feeling of canine hunger; afterwards stitches in the pit of the stomach and burning in the region of the spleen."

A portion of this last symptom has likewise been recorded by Hahnemann. It afforded me the opportunity of making a beautiful little cure. The record is as follows:

"Fine prickings in the epigastric region, with a sensation of emptiness."

An old lady of sixty years had been grieving for years about her son's death. For fifteen years past she had been troubled with a feeling of emptiness or goneness as she termed it, in the epigastric region, accompanied by a sensation as if a number of pins were pricking her in this part. It was a most disagreeable feeling, and had brought on a state of the most deep-seated hypochondria. One globule of Ignatia 200, for the first time in fifteen years, afforded her relief. For some three months she remained free from her trouble. After this period she had another but much feebler attack, for which

I tried the tincture of Ignatia. It made her sick; Ignatia 200 again relieved her perfectly. Under the use of Ignatia 200 she had perfect control of this distressing trouble, a

Gastrodynia of a remarkable, but well developed type.

Pains: Among the pains we may record the following:

Pain in the umbilical region, with bloating of this region.

Pressure in the region of the spleen and large curvature or cul-de-sac of the stomach, coming and going every half hour.

A very interesting group of symptoms elicited by Professor Jœrg in his own person by means of three grains of pulverized Ignatia is the following:

Pressing pains in the epigastrium, especially in the region of the spleen, posteriorly near the spine, as if the abdominal walls were pressed outwards and the diaphragm upwards; in the evening the pain sometimes ascended towards the chest, changing there to a painful burning, with alleviating eructations; afterwards, sensation as if sweat would break out all over; a frothy mucus was secreted by the salivary glands all the time; the mouth felt sore.

Alvine Secretions. Ignatia has caused cutting and contractive pains in the bowels, followed by liquid stools.

Small doses of Ignatia seem to have a tendency to cause a weakness of the rectum, with inability to expel stool, a species of

Paralytic *Costiveness.* In the case of one of Jœrg's provers, who was constitutionally inclined to costiveness, it increased this habit very much.

Diarrhœa of a watery kind can only be arrested by Ignatia, if preceded by cutting and spasmodic pains, and generally attended with headache and gastric derangements.

Ignatia causes a straining or pressing towards the rectum and anus; this symptom, together with the weakness of the rectum, suggests the use of this drug in

Prolapsus of the Anus, especially in the case of children.

Ignatia also causes a stitch from the anus upwards along the rectum; a *contractive, sore* pain in the rectum after stool, and also a pressure as by a sharp, sticking body in the rectum, after stool. These sensations justify the use of Ignatia in

Proctalgia, or neuralgia of the rectum.

The following symptom elicited by Jœerg:

"Creeping and burning at the anus, and also in the urethra during urination, with increased discharge of urine,"

Seems to indicate the use of Ignatia in

Ascarides, where these symptoms often constitute characteristic indications, in conditions of the mucous membrane which are apt to lead to the formation of such parasites.

URINARY GROUP.

Ignatia causes the discharge of a good deal of watery urine, an additional recommendation for its use in

Hysteria and nervous spasmodic affections generally.

SEXUAL GROUP.

Ignatia causes weakness of the sexual parts; in
Impotence, with libidinous fancies, this drug may be useful. Large doses of Ignatia cause this condition; small doses seem to excite the erectile powers of the male organs and to excite the sexual instinct.

In the female, large doses seem to increase the menstrual discharge and to bring it about prematurely. In females
Metrorrhagia or *Menorrhagia,* among a group of other symptoms, would constitute an indication for Ignatia.

CATARRHAL GROUP.

We have seen that Ignatia may cause a sensation in the nose as if a catarrh would come on, with aching in the forehead; hence in
Incipient Catarrh, or cold in the head, a few smart doses of Ignatia may suppress its development.
Ignatia causes a constant irritation in the throat-pit, as if one had to cough; coughing does not relieve it, but the symptom may be voluntarily suppressed. This sensation sometimes amounts to an irritation as if dust had lodged there, and is made worse by coughing.
It also causes a constrictive sensation in the throat-pit, exciting a cough as from the vapors of Sulphur.
Upon the strength of these symptoms we recommend Ignatia for the *Nervous Cough* of some persons, females in particular, and also for the
Bronchial Catarrh of old people where *spasm* is a prominent symptom.

EXANTHEMATOUS GROUP.

Ignatia causes itching all over; hence we give it in
Prurigo, when the itching shifts from place to place after scratching the parts.

FEVER-GROUP.

Ignatia has been recommended for
Intermittent fever, when the patient is very much depressed in spirits, and the thirst is felt only during the chill.

MENTAL GROUP.

Ignatia is eminently useful in
Hysteria, and also in
Hypochondria, when accompanied by, or perhaps arising from, such gastric affections as we have found Ignatia homœopathic to. In general, Ignatia has been found an admirable remedy for the consequences of a gnawing, deep-seated grief.

ANTIDOTAL.

In cases of poisoning we give an emetic and use acids, such as vinegar, lemon-juice, etc.

DOSE.

We may use from the first to the two hundredth attenuation.

From his experiments, Orfila draws the broad conclusions that the extract of Ignatia acts in the same manner as the Upas or Nux vomica. Such sweeping conclusions afford evidence to a homœopathic observer that the statements of old-fashioned toxicologists have to be read with caution. These gentlemen observe phenomena in the gross. The delicate shades of action by which each drug is intrinsically distinguished from every other drug, seem to escape the hurried or careless glance of an old-fashioned toxicological experimenter. The physiological chemist is liable to the same fallacious mode of reasoning as the toxicologist. He discovers the same alkaloid in Ignatia as in Nux vomica, and hence he concludes that these two substances act alike and may be substituted one for the other. Or discovering Veratrine in the Mexican Cebadilla, as well as in the White Hellebore, he at once jumps at the conclusion that these two drugs have the same action, and may eventually represent each other. Fallacious argument, which our experiments upon the living organism have enabled us to refute by incontrovertible facts. Look at the effects of Ignatia upon the active, living, nervous system and contrast them with the effects of Nux vomica. Their living evidences of action are the sign-posts which should direct the therapeutist in the application of drugs to diseases. And in the case of Ignatia they teach him in language which cannot be misunderstood that Ignatia and Nux vomica have each a peculiar sphere of usefulness as therapeutic agents.

LECTURE XXXV.

IPECACUANHA, CEPHAËLIS IPECACUANHA.

(*Cephaëlis emetica*—Nat. Order:—RUBIACEÆ.)

WE obtain this drug from the provinces of Rio Janeiro, Bahia and Pernambuco. It was first made known by Piso in the year 1684. In 1686 it had a high reputation in Paris as a remedy for dysentery. A French merchant, Grenier or Garnier, being sick, was treated by the celebrated Helvetius (then a young man), and his preceptor Afforti. After Garnier recovered from his illness, he gave part of the root to Afforti as a mark of gratitude. Afforti, not knowing what to do with it, gave it to Helvetius who experimented

with it on the sick, and afterwards sold it as a secret remedy for diarrhœa and dysentery. The Dauphin of France, the king's brother, being attacked with this disease, the king sent his own physician d' Aquin, and his Confessor Father de la Chaise, to Helvetius, to arrange with him for the publication of his drug. He obtained one thousand pounds, and was afterwards crowned with the highest medical honors.

Leibnitz and Sir Hans Sloane favored its introduction. They preferred the powdered Ipecacuanha to the decoction, of which they gave as much as two drachms at a dose.

Gohl in England first employed it for diarrhœa and dysentery, which he professed to cure by causing vomiting. Gianella gave small doses in intermittent fevers. Nicholas Dalbery gave still smaller doses in hæmorrhage and affections of the chest. Dover in England combined Ipecacuanha with Opium, using this compound both as an anti-spasmodic and a sudorific. Akenside attributed to Ipecacuanha a tranquillizing virtue, and recommended the root for spasmodic asthma.

Pereira informs us that great confusion existed for a long time respecting the plant yielding Ipecacuanha. In 1800, Dr. Gomez brought with him the plant from the Brazils, on which he published a dissertation. Hence it is also termed the Brazilian or Lisbon Ipecacuanha.

According to some authors, the name Ipecacuanha is derived from the Indian words "*Ipecaa,*" creeping plant, and "*cuene,*" to spit.

Ipecacuanha is imported from Rio Janeiro in bales, barrels, bags. The stem of the plant from which this root is obtained, is from two to three feet high, and has rarely more than four or six leaves. The roots are gathered at all seasons of the year, though more frequently from January to March, inclusive. The farmers, residing in the neighborhood of the villages where it grows, and Indians carry on considerable trade with this plant. The root is also denominated annulated Ipecacuanha, to distinguish it from other roots of the same species.

The root of Cephaëlis Ipecacuanha occurs in pieces of three or four inches long, and about the size of a small goose-quill, variously bent and contorted, simple and branched. It seems to be composed of rings strung upon a central ligneous cord. This arrangement gives it a knotty appearance, the knots being still rendered more prominent by circular fissures penetrating the bark to about a line in depth.

For medicinal purposes the dark brownish looking root should be chosen. It has an acrid, aromatic, slightly bitter taste, and a somewhat nauseous and peculiar odor. From this root we obtain a deep-yellow tincture.

The active principle of this root is *emetine,* which was obtained by Pelletier and Caventou in 1820; this is an alkaloid of a white color, powder form, not affected by exposure to the air, little soluble in water, and forming salts in combination with acids; it forms a greyish-white precipitate with an infusion of galls (tannate of eme-

tine, an inert substance); hence galls are an antidote to poisonous doses of emetine.

Magendie has prepared another alkaloid, the colored emetine, bitter, soluble in water and not crystallizable, nor as powerful as the pure emetine, to which it ranks in the proportion of three to one (one grain of impure emetine is equivalent to ten grains of the root).

Ipecacuanha seems to affect primarily the solar plexus and the pneumogastric nerve; it irritates these centres spasmodically; incidental to this irritation is vascular erethism; hence it is useful for hæmorrhage, for inflammatory irritation of the bronchial tubes. All of Magendie's animals exhibited signs of inflammation in the air-tubes. It is suitable for feeble, slender persons with sensitive temperaments. According to Sachs who ridicules Homœopathy, Ipecacuanha possesses a specific medicinal relation to periodical diseases, if the paroxysms occur in the night. It is only one acquainted with this property of Ipecacuanha, who is capable of doing justice to the great virtues of this drug. Years before Sachs, Hahnemann taught this doctrine, when he recommended Ipecacuanha as a remedy for paroxysmal asthma.

Its action upon the pneumogastric nerve is remarkable. "How singular it is," says Dr. Marshall Hall, "that Ipecacuanha, taken into the bronchia, should excite asthma, and taken into the stomach, should induce another affection of the respiratory system, vomiting." But there is nothing singular in all this. Ipecacuanha acts upon the various ramifications of the pneumogastric nerve, and upon all of them it acts alike; upon all of them it acts as a spasmodic irritant, and the effect of this spasmodic irritation in the air-passages is asthma, and vomiting in the stomach. This might be termed the functional effect; the pathological appearances are capillary engorgement, redness, as if the internal surfaces were inflamed.

Some persons are wonderfully sensitive to the action of Ipecacuanha. The merest atom of dust will interfere with their breathing. Dr. Roberts, of Dudley, in Scotland, writes in a communication to Pereira: "If I remain in a room where the preparation of Ipecacuanha is going on—for instance, making the *pulvis Ipecacuanhæ compositus*, I am sure to have a regular attack of asthma. In a few seconds dyspnœa comes on in a violent degree, attended with wheezing and great weight and anxiety about the præcordia. The attack generally remains about an hour, but I obtain no relief until a copious expectoration takes place, which is invariably the case. After the attack is over, I suffer no further inconvenience. I have always considered that the attack proceeds from the minute particles of the Ipecacuanha floating in the atmosphere acting as an irritant on the mucous membrane of the trachea and the bronchial tubes." To this communication Pereira adds this important remark that, in some cases "the mere odor of the root seems sufficient to excite difficulty of breathing, with a feeling of suffocation."

A druggist's assistant, while engaged in the process of powdering Ipecacuanha, was poisoned by the incautious inhalation of the dust. This case is mentioned by Dr. Priegher in Rust's Magazine. The patient who was suffering from catarrh and cough, inhaled during

three hours the dust from the root; in consequence of which, vomiting came on, followed by a tightness on the chest. An hour after this, he complained of a most violent sense of suffocation and constriction of the trachea and throat; his face looked cadaverous; he had the most frightful paroxysms of oppression and anxiety. The physician who was called in, bled him, and gave Asafœtida and Belladonna with temporary relief; but in five hours a fresh attack came on, with the most imminent danger of suffocation. A strong decoction of Uva ursi, with the extract of Rhatany, was administered with almost immediate relief, and in an hour his breathing was much freer. He was able to leave the house in two days, but suffered several days with difficulty of breathing.

These few cases show the immense power possessed by Ipecacuanha, of spasmodically irritating the ramifications of the pneumogastric nerves, and causing a variety of conditions of the respiratory and gastric organs, which find in Ipecacuanha a sure and energetic remedy. Let us subject the therapeutic powers of this drug to a more special analysis.

CEPHALIC GROUP.

The provings of Ipecacuanha, which Hahnemann has bequeathed to us, are short but exceedingly characteristic and instructive. We find that Ipecacuanha causes

A *fine stinging pain* in the head and forehead, excited and aggravated by contact.

Headache, as if the brain and skull had been *bruised,* with nausea.

These kinds of pain may characterize

Rheumatic and *bilious* headaches, caused by exposure, over-eating, etc.

In *hemicrania,* with stinging pain and soreness, nausea, Ipecacuanha will be found useful, especially in paroxysmal hemicrania.

FACIAL GROUP.

Ipecacuanha causes spasmodic sneezing, and bleeding at the nose. In a case of

Hæmorrhage from the nose, Ipecacuanha arrested the bleeding at once. The patient was a lady of about sixty years. All sorts of appliances had been resorted to, to stop the bleeding, but in vain. The patient was almost dying from loss of blood. Half a grain of the powder of Ipecacuanha arrested the hæmorrhage promptly and permanently. As we go along, we shall find that in hæmorrhage from various organs, Ipecacuanha is a most admirable remedy.

CHYLO-POIËTIC GROUP.

Ipecacuanha causes

Flat taste in the mouth;

Nausea and vomiting;

Flow of watery saliva;

Feeling of *qualmishness*, emptiness, and flabbiness about the stomach;

Feeling of *excessive distention* in the abdomen.

These few symptoms are important. They teach us that Ipecacuanha may be a useful agent in gastric conditions characterized by nausea and vomiting, flow of water from the mouth, want of tone in the stomach. We shall find Ipecacuanha useful in the

Vomiting of pregnant females, where the middle potencies, from the 6th to the 18th will be found most useful.

I stated previously that Ipecacuanha was particularly indicated in affections characterized by periodical paroxysms, especially if they occur at night. Hence we shall find this agent specifically adapted for paroxysms of

Nocturnal Vomiting, where even a very high potency may effect a cure. An old lady was suddenly attacked, without any apparent cause, by vomiting. At two in the morning she experienced distressing nausea, followed by spasmodic vomiting, with expulsion of large quantities of tenacious white mucus. The paroxysms lasted two hours. During the vomiting she was cold, turned pale and suffered a good deal of oppression and anguish, with palpitation of the heart. She had had five paroxysms of this kind in five successive nights, each succeeding paroxysm becoming more violent and more obstinate, when my aid was requested. I gave the lady one globule of Ipecacuanha 200, after which she slept soundly the following night, and never again had even the shadow of an attack.

Ipecacuanha may even excite vomiting of blood, hence in

Hæmatemesis, when the vomiting is attended with nausea, straining, and the blood is perhaps mixed with mucus and bile, Ipecacuanha will prove a capital remedy.

In *Dyspepsia*, with anorexia, oppression after eating, flow of watery saliva, qualmishness, want of tone in the stomach, Ipecacuanha is useful. In

Spasmodic Cardialgia, especially if accompanied by retching and vomiting of tenacious mucus, Ipecacuanha may prove indispensable. A case is reported, where these paroxysms occurred during the chilly stage of fever and ague, in a most frightful degree. Large doses of Opium were unable to afford the least relief. Very small doses of Ipecacuanha arrested the trouble at once.

Among the gastric symptoms of Ipecacuanha, recorded by Hahnemann, we find this remarkable symptom: "A tearing-pinching in the abdomen, as if the bowels were grasped with the hands, so that the fingers spread apart, make a sharp impression into the bowels; the pain is moderated during rest, but intensely aggravated by the least movement."

This remarkable spasm has occurred as a natural disease. A young lady of twelve years had been afflicted with this peculiar spasm for several years. The most distinguished practitioners of the Old-School had been consulted, and eminent homœopathic physicians had been consulted without avail. When I first saw the child, the spasms

came on as soon as she awoke, and pursued her through the day until she laid down at night. Suffering and agony were depicted in her countenance. This one symptom was the great feature in her case. One globule of Ipecacuanha 200, arrested the spasm completely and, so far as I know, permanently.

Ipecacuanha also causes a *cutting* pain in the umbilical region, with shuddering. We may therefore recommend Ipecacuanha for

Bilious and Neuralgic Colic, when the distress is of this pinching and cutting nature.

Ipecacuanha affects the alvine secretions. It causes

Diarrhœic stools as if fermented;

Bloody stools;

Liquid stools, with a feeling of qualmishness in the bowels;

Green stools;

Foul-smelling stools.

These symptoms show that Ipecacuanha may be of use in

Bilious and *Catarrhal* diarrhœa, more especially, if the discharges are liquid, serous, bloody, green, foul-smelling, and if other symptoms of gastric derangement such as indicate Ipecacuanha, are present, such as: qualmishness in the stomach and bowels, flow of water from the mouth, loss of appetite, white-coated tongue, etc.

It has also been used in *Asiatic Cholera*, if the vomiting was excessive and spasmodic; in this disease it only acts symptomatically, it does not meet the essence of the pathological process.

Ipecacuanha has been used in *Dysentery*, but here it only moderates the bloody discharges; it does not act upon the tenesmus.

In other forms of

Hæmorrhage from the bowels, in profuse bleeding from the hæmorrhoidal vessels, and even from the capillaries of the smaller intestines, Ipecacuanha will afford relief and may be sufficient in some cases to effect a cure.

Ipecacuanha also causes a creeping sensation at the anus, and may therefore prove useful to children who are troubled with

Ascarides, provided the condition of the alvine secretions, generally, justifies the use of this drug.

Let us not forget Ipecacuanha in

Ileus and in *Strangulated Hernia*. In a case of ileus of twelve days' standing, where the patient had already commenced to vomit up fæcal matter, and where nothing seemed able to remove the spasm or afford the least relief, small doses of Ipecacuanha at once arrested the vomiting, and a mild cathartic produced an evacuation.

In a case of *strangulated hernia*, quoted in Frank's Magazine, where fæcal vomiting had already set in, Ipecacuanha at once arrested the spasm, and the patient was able to replace the bowel without even the aid of a physician.

URINARY GROUP.

Ipecacuanha causes a sort of

Dysuria, and bloody urine; hence we give it in

Hæmaturia or hæmorrhage from the urethra, especially when accompanied with urging to urinate, and difficulty of passing any urine, a sort of spasmodic retention. In a case of this kind, the hæmorrhage may be accompanied by a sort of qualmishness and nausea in the region of the bowels and stomach.

SEXUAL GROUP.

Ipecacuanha causes hemorrhage from the womb and a pressing towards this organ; hence we find it useful in

Metrorrhagia, and also in *Menorrhagia* or excessive menstruation.

Hæmorrhage from the womb may occur after confinement. Ipecacuanha may be of immense use to us in this dangerous accident, especially if sickness at the stomach is present at the same time.

Miscarriage may sometimes be prevented by Ipecacuanha. If the patient complains of pressing towards the uterus, sickness at the stomach, dizziness, headache, feels cold and looks pale in the face, Ipecacuanha may be more appropriate than any other drug.

RESPIRATORY GROUP.

In affections of the respiratory organs, Ipecacuanha is a most important remedy. Look at the pathogenesis of this drug as given by Hahnemann, and we shall find that it must be a most capital remedy in

Whooping-cough, especially during the spasmodic stage, with suffocation, blue face, rattling breathing.

Or in *Spasmodic Cough* generally, especially if the paroxysms set in at night, with spasmodic titillation in the larynx, retching, vomiting of food and mucus; paroxysms of this kind of cough characterize that dangerous form of bronchitis described by some pathologists as

Capillary Bronchitis, to which little children are more particularly subject.

Cough with pain in the umbilical region, as if the navel should be torn out;

Cough with pressure on the bladder, but inability to pass any urine.

Cough with expectoration of blood, or *hæmoptysis*.

In a case of hæmoptysis or hæmoptoë, which had been occasioned by bad treatment, Ipecacuanha arrested the bleeding permanently, after all other revulsive and antiphlogistic means had been tried in vain.

Ipecacuanha, if given in very small doses, from the sixth to the eighteenth potency, may act as a palliative in sudden hæmorrhage from the lungs when incidental to phthisis.

It was stated at the commencement of this lecture, that Ipecacuanha causes an asthmatic constriction of the chest. Hence we find Ipecacuanha useful in

Spasmodic Asthma, as if the patient would suffocate, with anguish,

deathly paleness, dread of death; the inspirations are accompanied with a crowing noise.

Angor Nocturnus is a peculiar form of spasm of the lungs, a sort of spasmodic asthma coming on in nightly paroxysms quite suddenly, and characterized by similar phenomena, cold extremities, sinking pulse, cadaverous paleness or bluish color of the face, excessive dyspnœa, etc. Ipecacuanha relieves such paroxysms.

FEVER GROUP.

Ipecacuanha is useful in

Intermittent Fever, if the gastric symptoms are very marked, the tongue is coated with a thick, grayish slime, loss of appetite, scanty and loose stool, nausea and vomiting, the patient feels chilly although the skin is not very cold to the touch, thirst moderate. In other fevers Ipecacuanha is not indicated, though it may be used in feverish conditions arising from rheumatic exposure, and from bilious conditions of the system. The patient may complain of pain in the bones as if the flesh were bruised, coated tongue, foul taste, flow of water in the mouth. A condition of this kind is sometimes designated by the term

Gastricism, or Saburræ, with predominance of gastric and bilious symptoms.

EXANTHEMATOUS GROUP.

Ipecacuanha causes

Pricking pains here and there, terminating in burning pains.

This symptom may be a valuable indication in other affections to which Ipecacuanha is homœopathic; in gastric derangements, for instance, this symptom may occur.

MENTAL GROUP.

Ipecacuanha causes *apathy* of mind, impatience, fretfulness. These symptoms are only valuable as indications for the use of Ipecacuanha in other affections, such as gastric derangements, headache, fever, etc.

DOSE.

Ipecacuanha, as we have shown, may be used in large and small doses from the first to the 200th potency; the tincture is seldom required, unless we wish to produce emesis, when from two to four grains of the powder are required, or 30, 40 or even 60 drops of the tincture.

Ipecacuanha is an antidote to some of the dynamic effects of Arsenic and China.

Hahnemann's observations on the physiological action and the therapeutic virtues of Ipecacuanha are sufficiently interesting to be quoted on this occasion; they constitute the introduction to his exceedingly interesting provings of this drug:

"Although," writes Hahnemann, "the following table of symptoms is not complete, it suffices to show that this powerful plant was not created solely as an emetic, but that it serves much higher and more important purposes. It was originally brought into Europe as a remedy for autumnal dysenteries. A hundred and thirty years since, Leibnitz recommended it in those affections, and it was improperly used, according to the fallacious notion that, because it will cure certain cases of diarrhœa, it is therefore adapted to dysentery, although these diseases are widely opposite to each other.

"However, this usage has somewhat declined, experience having repeatedly shown that it is wholly unsuited to dysentery. The multitude of unfortunate attempts, which have cost so many lives, might have been avoided by studying the pure and peculiar effects of Ipecacuanha; what morbid conditions it has the power of inducing in persons in health, and by analogy, what cases of natural disease it is able to cure. It would then have appeared that it is only of use in diminishing the excess of blood and some kinds of abdominal pains in dysentery, but does not affect the other symptoms.

"On the other hand, the study of Ipecacuanha shows that, as it cures the disposition to vomiting analogous to that which it excites, it has also a specific efficacy, principally in hæmorrhages, in spasmodic asthma that comes on in paroxysms, in suffocating spasms, and in some kinds of tetanus, always supposing that the other symptoms of the disease coincide with it. Ipecacuanha is also the proper remedy for certain kinds of intermittent fevers, provided it has greater homœopathic affinity with them than any other medicine. If it is not perfectly similar, it usually leaves the fever in a condition in which Arnica, China, Ignatia or Cocculus should be given.

"Effects occasioned by giving Arsenic improperly, or by an excess of China, also yield to Ipecacuanha. In all cases in which it is administered homœopathically, it should be in very small doses. Hitherto I have given one drop of the tincture, containing the millionth part of a drop of the essence of the root, and its effects have appeared too powerful.

"It is only in cases of poisoning by too large a dose of opium, that it is necessary to give a large dose of Ipecacuanha, that is to say, 30, 40 or 60 drops of the strong tincture, unless circumstances indicate strong coffee or camphor in preference."

This was written about the year 1820. By way of contrast I beg the privilege of referring to Hahnemann's observations concerning this same agent contained in his admirable essay entitled, "Suggestions for ascertaining the curative powers of drugs." This essay was originally published in the year 1796, in Hufeland's Journal of Practical Medicine." "Ipecacuanha," writes Hahnemann, in this essay, is used with advantage in affections against which Nature herself makes some efforts, but is too powerless to effect the desired object. In these affections, Ipecacuanha presents to the nerves of the upper orifice of the stomach, the most sensitive part of the organ

of vitality, a substance that produces a most incongenial disgust, nausea, anxiety, thus acting in a similar manner to the morbid material that is to be removed. Against this double attack, Nature exerts antagonistically her powers with still greater energy, and thus, by means of this increased exertion, the morbid matter is the more easily removed. Thus fevers are brought to a crisis; stoppages in the viscera of the abdomen and of the chest, and in the womb, are put in motion; miasmata of contagious diseases expelled by the skin; cramp relieved by the cramp that Ipecacuanha itself produces, their tension and freedom restored to vessels disposed to hæmorrhage from relaxation, or from the irritation of an acrid substance deposited in them, etc. But most distinctly does it act as a similarly acting remedy to the disease sought to be cured, in cases of chronic disposition to vomit without bringing any thing away. Here it should be given in very small doses, in order to excite frequent nausea, and the tendency to vomit goes off more and more permanently at each dose than it would with any palliative remedy."

Independently of the tendency to humoralism which underlies this paragragh, and which, in those times, constituted the medical philosophy of the age, it is interesting to observe that the great truth of the dynamization of drugs developed itself slowly and gradually in Hahnemann's mind. Every inch of ground which that noble mind traveled over in working out a doctrine that will prove a doctrine of life to future generations, is resplendent with the halo of truth, and bears the footprint of a consecrated revealer. In the massive dose of the pathological materialist as well as in the delicate atom of the metaphysical hyper-dynamist, there is practical and useful sense. Homœopathy is adapted to all organisms and to all curable diseases. But not all organisms are equally susceptible to medicinal influences; they are endowed with different degrees of sensitiveness, of irritability, of receptivity. And the diseases themselves are not alike in quality. Is not there a difference between the semi-material miasm of a western prairie that strikes one down heavily, grossly as it were, without affecting the centres of vitality, and the immaterial semi-spiritual poison which develops typhus? There is a difference, and a difference that tells upon the treatment. As a general rule, you may treat a case of typhus with a higher potency of the appropriate remedy; but as a general rule you will find that a western intermittent requires a larger dose of the remedy which is homœopathically indicated. If we would persist in enforcing the use of high potencies as a necessary, logical development of Homœopathy, as a truth universally and exclusively applicable at all times and in all places, we should not only damage our patients, but we might sink the great cause to which we are devoted, in irretreivable ruin until a second Hahnemann should again discover it as one of the lost arts.

The truth in Homœopathy will never perish. I hold that the principle of small doses, as understood in the broadest sense by homœopathic practitioners of all shades and opinions, is one of the truths of the homœopathic system of cure. I look upon the principle of small doses as a vital seed that shall grow to a tree, in the shade

of whose magnificent foliage health will find a secure and permanent resting place.

It is well that the student of Homœopathy should identify himself with the gradual unfolding of this science in Hahnemann's mind. This will enable him to discriminate between the essential and the accidental in the structure which the world now looks upon as Homœopathy.

Not every thing which has become an integral portion of the homœopathic edifice, is equally entitled to the claims which the fundamental law of Homœopathy has upon our confidence and regard. The doctrine of doses is one of those features in homœopathic practice which, having been put prominently forward by Hahnemann as the distinguishing badge of homœopathic practitioners, was invested by his immediate disciples with a dignity which threatened to completely subvert the natural relation of the essential and the accidental facts of Homœopathy.

A retrospective glance at the development of Homœopathy will show that the opposition to our practice has been, to some extent, provoked by the subversive exclusivism which gradually crept into the Homœopathic School, regarding symptoms and doses.

The foolish stubbornness with which homœopathic practitioners sought to define Pathology as a mere science of symptoms, and to set up the infinitesimal globule as the genuine representative of Homœopathy, led to equally silly, and very frequently unjustifiable misapprehensions and mis-statements of homœopathic doctrines by our opponents.

We may excuse Hahnemann for having swept away the pathological rubbish and the mammoth practice of his time. Yet Pathology is neither a nonsense nor a fiction, nor is there any thing absolutely or inherently wrong in a massive dose of the appropriate drug.

What is Pathology and what is a proper dose?

Pathology is that great science which teaches a knowledge of all that which is abnormal in the functions of the living organism. Does not this knowledge imply a cycle of inquiries worthy of man's most exalted reason? For this knowledge implies an inquiry into the causes which produce disease. And here again we have

1. *Proximate* Causes, and Cosmic Forces or Principles which are more immediately, more directly instrumental in developing diseases in the living tissues, and

2. *Remote* Causes, or rather accidental conditions in which the former are enabled to act.

This knowledge next implies an observation and logical classification of the phenomena by which the pathological process manifests itself to the observing reason. And here we distinguish

1. *Subjective Phenomena*, mere abnormal sensations, generally of a painful nature, but in which category we include every sensation, moral, intellectual and physical, which deviates from the normal type; and

2. *Objective Phenomena*, or changes of tissue, some of which are seen or otherwise known during the lifetime of the patients, but which are more particularly studied after death, and constitute a

special branch of pathological science, the science of Pathological Anatomy.

This grand cycle of studies, a study of the causative forces and determining conditions of disease, of the subjective phenomena which characterize the pathological process and of the alterations which this process develops in the living tissues; this grand cycle of studies constitutes the legitimate domain of Pathology, a science which I consider it the mission and privilege of Homœopathy to reconstruct upon the incontrovertible basis of Nature.

And now the dose. Is not that the proper dose which cures the disease most promptly, safely and radically? What has this to do with the size of the dose except in so far as experience has led us to establish certain unimpeachable rules concerning it? In regard to this point, a homœopathic physician is entitled to the experiences of the whole past of Medicine. The prompt, radical and safe cure of ileus by means of one, two, three or ten grains of Opium in the hands of an allœopathic physician, is an experience to which a homœopath is entitled just as much as to the cure of a similar disease by means of an infinitesimal globule. Alas, alas, how the natural relation of facts has been subverted by the blind, unreasoning, infatuated dogmatists of the Homœopathic School! The accidental has been made the essential; the transient has been made the permanent; the purely human has been proclaimed an eternal, an unalterable, a divine fact. Yet, the interests of the living Man tower far above the rigidities of system; in the words of Paul these three: "Faith, Hope and Charity, but the greatest of all is Charity."

I have already stated that an alkaloid has been found in Ipecacuanha, to which the name *Emetine* has been applied (from *emeo*, to vomit). Emetine is no substitute for the root. Its therapeutic virtues seem even inferior to those of the root.

The discovery of the alkaloids is a contribution to Materia Medica of inestimable value. The alkaloid is supposed to be the active principle of the drug. It may be one of its active principles, but it is not *the* active principle wherein the integral power of the drug is concentrated as in a focus of intensity. The great discoverer of Homœopathy was set against alkaloids. "Modern chemists," says he, in his introduction to Opium, "have taken immense pains to analyze Opium into its constituent principles; morphine, narcotine, meconic acid, extractive matter, caoutchouc, fatty oil, etc. Homœopathy deals with the integral, inseparable substance as it exists in nature, and employs a mode of preparation that shall secure an uniform and universal unfolding of the medicinal powers of the drug; she aims at healing, not at destroying men; hence she does not, like modern pharmacy, covet the honor of effecting the conversion of Opium into a poison capable of destroying life as speedily as possible, and hence again, true to her character as a saving and life-restoring art, she may dispense with the dangerous products of modern chemistry."

Gentlemen, the time when these teachings of a cherished master were heeded with all the reverence of faith-inspired souls, has gone by. We do use Morphia, Quinia, Strychnia or any other alkaloid

the physiological action of which is know to us. What homœopathic physician would wish to do without them! How often has it been my good fortune, and how often will it be your good fortune, to afford relief, by a timely dose of Morphine! There lies your consumptive patient exhausting his last remnant of strength by paroxysms of a racking cough. You know that your art is powerless in his case and that he looks upon a little Morphine as his trustiest friend. Would you sacrifice him, the living, suffering child of God, to a rigid, pitiless theory? I remember the time when a strict Hahnemannian would not have dared to cast even a longing side-glance at Quinine. I do not wonder that the German square-head of Hahnemann which, like an old-fashioned battering-ram, had to strike down the ramparts of false medicine, fortified by age, consecrated by the superstition of stultified crowds, and watched by the proud sophistry and interested love of the high-priests of science, should have attempted to erect an almost insurpassable barrier between the new Truth and the old Falsehood; but let us be thankful that the progressive and liberal spirit of the age has over-leaped every barrier of man's own making; let us be thankful that a homœopathic physician is no longer ostracised among his own flock, if he should deem it his duty to comfort an incurable sufferer with a dose of Morphine. How often have homœopathic physicians made fruitless attempts to combat with an orthodox dose of China or Nux vomica an enemy whom the alkaloids would have struck down with Herculean power!

I fancy I have a distinct perception of the movement which is going on in the Old as well as in the New School. Both Schools are endeavoring to develop the inmost forces of drugs, the Old School by the slow and tedious road of experimental science, the New School by the processes of trituration and succussion. These processes of trituration and succussion have been carried so far that we have not even the shadow of experimental science to fall back upon as corroborative testimony for the logical legitimacy of our reasonings. According to Hahnemann's doctrine the inmost force which is hidden in the structural organization of the drug, is set free as it were, by this process of infinite breaking up of the crude particles, and is thus enabled to act with more suddenness and intensity. The discovery of the alkaloids is an approach to the small, spiritualized dose of Homœopathy. Why should it not be given to the analytical chemist to discover experimentally the existence, if not of these inmost forces themselves, but of the fact that they exist, and that they constitute the genuine factors in every well-authenticated case of cure? Let us rejoice that these plodding men, who constitute the hewers of wood and the drawers of water in this age of rudimentary science, are willing to prepare and gather up materials of which the true follower of Hahnemann may avail himself for the purpose of constructing his Homœopathy of faith and abstract reason upon the incontrovertible basis of Inductive Science.

LECTURE XXXVI.

JODIUM,

(*Iodine.*)

THIS agent was discovered in 1811 by Courtoir, a saltpetre-manufacturer of Paris. It is so named from iodès (violet-colored), on account of the color of its vapor. It exists in the mineral and vegetable kingdoms;—iodide of silver, and iodide of mercury are found in nature; it is found in sea-water; in salt or brine-springs (in England, Germany, etc.); in the algæ (sea-weeds, kelp).

Iodine is a crystallizable solid, usually met with in micacious, soft, friable scales, having a grayish-black color, a metallic lustre, an acrid, hot taste, and a disagreeable odor, somewhat similar to that of chlorine. Iodine vapor has a beautiful violet-color and a specific gravity of 8·716. It solves readily in alcohol and ether. With starch it forms a blue compound, Iodide of starch. According to Stromeyer, water which only contains $\frac{1}{450000}$ of its weight of iodine, acquires a perceptibly blue tinge on the addition of starch.

The Iodine of commerce is contaminated with variable proportions of water. An ounce, if very moist, may contain a drachm, or perhaps even a drachm and a half of water. This fraud is detected by compressing the Iodine between folds of blotting-paper. In this moist state it is unfit for making pharmaceutic preparations of fixed and uniform strength; hence, before using it, we have to dry it in this way: place the Iodine in a shallow earthen vessel in a narrow and confined space, side by side with a shallow vessel holding fresh-burnt lime twelve times the weight of the Iodine; the lime will absorb the moisture. Any matter which is given out as Iodine, and is not perfectly soluble in alcohol, or vaporizable by heat, may be looked upon as an adulteration.

Coindet was the first who instituted inquiries concerning the curative virtues of Iodine. He found that the efficacy of the ashes of fucus vesiculosus (an alga) and of Spongia in the treatment of goïtre is due to the presence of Iodine in those substances. He observed moreover that large doses of Iodine will cause in some persons acceleration of the pulse, palpitation of the heart, dry cough, sleeplessness, emaciation, loss of strength, swelling of the lower extremities, trembling, dwindling of the mammæ, increase of appetite, and a sensation of pain in the goïtre (among such as were afflicted with this disease.)

Other observers have noticed anxiety, depression of spirits, emaciation, cholera which sometimes threatened to become fatal, and a sort of trembling resembling chorea.

Orfila took two grains of Iodine, which caused a horrible taste and loathing; next day, after taking four grains, he experienced, immediately after taking the drug, a constriction and heat in the fauces

for a quarter of an hour, followed by vomiting of a yellowish liquid containing Iodine and by a slight tightness about the chest. Six grains caused immediately heat, contraction of the fauces, nausea and loathing, eructations, ptyalism, pain in the stomach, and, ten minutes after, a bilious vomiting and slight colic; the pulse rose to eighty-five and even ninety beats; at times the breathing felt oppressed, the temperature of the skin was somewhat increased and the urine a little darker.

Reichenau reports the case of a woman of twenty-six years who lost her breasts entirely after using Iodine for six months.

According to Hugol, the vapors of Iodine causes intoxication and cerebral congestion.

Schmid has seen Iodine cause miscarriage.

Jahn remarks that Iodine causes liquefaction of the adipose matter, in consequence of which process the skin becomes clammy and assumes a dirty color, a pellicle of fat is formed on the urine, the stools are yellower than usual, and the menses more profuse, the blood is more fluid, the digestion is weakened and the muscular system is more irritable. If the use of the drug is continued still longer, fever sets in, the glands dwindle away and nervous atrophy is developed.

After the excessive use of Iodine, Zink observed restlessness, excessive heat, palpitation of the heart, frequent pulse, violent and continual erections, excessive diarrhœa, unquenchable thirst, trembling, emaciation, fainting fits and death. In another fatal case he found the bowels distended, portions of them very much inflamed, almost as if sphacelated, the internal walls of the stomach were red, excoriated over a space of two inches, the serous coat was thickened and of a looser consistence, the liver was enlarged and paler than usual.

According to some observers, Iodine causes atrophy of the testes and sterility.

Several cases of poisoning by Iodine are recorded in the Journal of Medical Chemistry, 4th vol., by Drs. Dessaignes and Moncourrier. In one of them the sufferer swallowed two and a half drachms of the tincture of Iodine, which caused heat and dryness from the faucus to the epigastrium, followed by tearing pains in the stomach, ineffectual efforts to vomit, and an hour later, small and contracted pulse, horrid pains in the stomach, and disposition to convulsions.

Iodine has even caused gangrene. A woman took the tincture of Iodine to remove her obesity, 6 drops three times a day, and afterwards 30 drops daily for eight weeks, in all two ounces of the tincture. First she was attacked with a large furuncle between the scapulæ and considerable inflammation of the surrounding parts (with loss of appetite and sleeplessness); the furuncle detached itself from the skin after the application of warm poultices, in the shape of hard, knotty bodies, leaving deep and painless ulcers which refused to heal; afterwards she suddenly experienced a violent pain in the big toe of the right foot, increasing in violence and passing to the other toes on the day following; the toe which had been first affected became less sensitive, then cold, lastly black, with sudden supervention of a typhoid fever, the gangrene rising up to the thigh

with horrid pains, the leg becoming black as pitch and icy-cold, until finally the tibia and fibula broke while the woman attempted to turn herself in bed, the whole limb dropping off; every spot which had been scratched became dark-brown, and the ulcerated places, remaining after the furuncles, became likewise gangrenous.

These diversified effects of Iodine upon the organism afford distinct evidence of its relation to the glandular and mucous tissues. It impairs and even destroys the reproductive powers of these tissues even to the extent of causing atrophy and gangrene. Iodine is one of those agents which Old-School practitioners permit themselves to use empirically to an almost unlimited extent. It is even recommended as a specific remedy in many diseases where its curative virtues depend entirely upon its being homœopathic to the malady. Thus it is recommended for marasmus, and yet we know that it causes emaciation. It is recommended for mercurial ptyalism, and yet we know that it causes an excessive secretion of saliva. It causes dyspnœa, cough, spitting of blood, and yet it is recommended by a number of authors for these very affections. Guided by the toxicological effects of Iodine, and by the symptoms obtained through systematic provings, we may draw the following parallel between the symptoms of this drug and the diseases to which it is homœopathic.

CEPHALIC GROUP.

It was asserted by a French physician, Dr. Laffore, that Iodine is a remedy for tubercular meningitis; but when invited to repeat his experiments at the hospital of the children in Paris, he utterly failed in performing a single cure; it is therefore to be presumed that his diagnosis in the first place was incorrect. Nevertheless, according to some homœopathic authors, Iodine may be useful in dropsical affections of the brain, if not depending upon tubercular disorganization; I do not see, however, why Iodine should not likewise be tried in cases of tubercular meningitis; this disease has been found incurable with the remedial agents usually employed against it.

Iodine has caused

Headache with vertigo, and also frontal headache with stitches in the eyes and ears,

Professor Jœrg and his disciples have furnished a few extremely interesting provings of Iodine, among which a painful pressure in the forehead and occiput deserves to be noticed; the pressure generally terminated in confusion of the head, and seems to have been in rapport with the digestive system; for after the frontal headache had passed off, the provers would experience a sensation of gnawing hunger, and a discharge of loose fæces would take place, contrary to habit.

In Frank's Physiological Magazine a case is alluded to where this sympathetic relation between the brain and stomach is strikingly illustrated.

A man of twenty-five years who had enjoyed the best health, took ten drops of the tincture of iodine twice, after which he was attacked

with the following symptoms: Paleness of the face, cold sweat, trembling of the limbs, constriction of the chest, desire to vomit, anxiety, headache, and lastly fainting. Ever since, his digestion became ruined. Every other day, after eating the least quantity of food, he was attacked with indigestion, and a maddening headache. In the course of years he obtained some relief from these sufferings, but he was never able to drink water at dinner; sweet milk always proved absolutely incompatible with his stomach.

From this case of poisoning we may derive a useful lesson, in the treatment of

Chronic Nervous Headaches depending upon gastric derangements. When we come to speak of the *Chylo-poiëtic Group*, the influence of Iodine upon the nerves of the stomach will be pointed out more fully to your attention.

NERVOUS GROUP.

The action of Iodine upon the nervous energy of the reproductive system is exceedingly depressing: if the Iodine is continued in sufficient quantity and for a length of time, an universal emaciation seems to be a very common result. The breast, testicles, the cellular tissue and the parenchyma of organs have been known to dwindle away under the action of Iodine. We may avail ourselves of this indication in the treatment of

Marasmus or *Atrophy*, especially when the emaciation is attended with another characteristic effect of Iodine; we mean

Trembling or *Tremor* of the limbs. Gairdner observes that Iodine causes: Trembling of the limbs, resembling chorea and sometimes lasting a long time.

In Frank's Magazine, a case of poisoning is reported, where these effects of Iodine upon the nervous system and upon the cellular tissue are announced in a very marked manner. A girl of twenty-four years took the tincture of Iodine for goïtre. In a few days she experienced the following symptoms: palpitation of the heart, vertigo, twitching of the muscles, prostration, constant urging to urinate, alternate chills and heat, loss of appetite and sleep, emaciation.

In the *Marasmus of children*, of hysteric females, of drunkards even, Iodine may render us eminent service, if the patient trembles from attempting the least muscular effort, with hectic fever, slight chills followed by heat and dryness of the skin, loss of appetite, dizziness, headache.

Marasmus as a form of Hydrargyrosis, if the previously described symptoms are present, will find in Iodine one of its powerful antidotes We read that the abuse of Iodine has caused a general trembling of the extremities and muscles of the back. The trembling commences with slight tremor of the hands, gradually invading the larger muscles of the arms and back; the gait is unsteady; the hand trembles to and fro, when carried to the mouth; the movements of the body are painful; the patient is able to hold the trembling limb quiet if he does not attempt to move it These symptoms point to the use of Iodine in

Mercurial Tremor, which very much resembles the Iodine-trembling in many essential features.

We see it stated that a man who used Iodine for impotence, was attacked with paralysis of the lower extremities.

Wallace informs us that Iodine, after first causing headache and indigestion, then affected the muscular equilibrium, causing trembling and afterwards paraplegia.

Effects like these may lead us to employ Iodine in

Paralysis of the Extremities, one or more, if the affection is the natural consequence of deficient innervation, a gradual sinking of the reproductive energies in consequence of care, povery, exposure.

In Hufeland's Journal several cases of paralysis are described which were cured with Iodine. One is a case of a poor woman who had lost the use of her lower limbs in consequence of care, hard work and exposure. The lower extremities had become atrophied and contracted to such an extent that the soles of the feet almost touched the glutei muscles. She suffered great pains in the limbs which seemed to proceed from a belt-shaped region in the abdomen, whence the pain spread to the legs and feet. Under the use of Iodine, three times a day, a teaspoonful of a solution of five grains in two ounces of water, the patient gradually recovered the perfect use of her limbs.

A case of this kind shows that Iodine possesses the power of restoring the reproductive energies of the ganglionic system. Allœopathic physicians must find it extremely hard to account for these wonderful results of the action of Iodine in the organism. Some go so far as to assert that Iodine is food for the tissues. They forget that, if it is no longer convenient to fall back upon such an explanation, they do not hesitate to adopt the opposite theory; that Iodine impoverishes the tissues, diminishes and even destroys their assimilative power. It is upon this theory that the curative virtues of Iodine in the treatment of goïtre are predicated. Homœopathic physicians account for the cure of atrophy by means of Iodine in a much more rational manner. Iodine has a specific affinity for the morbific principle which gives rise to, develops and maintains the atrophied condition of the limb. Be this principle scorbutic, scrofulous, psoric, syphilitic or mercurial; Iodine has power to neutralize it, and it is upon this neutralization or absorption of the morbific element that the cure of atrophy depends.

In the cure of goïtre, Iodine may seem to act differently, but it does not in reality. According to Chatin, the immediate cause of goïtre is the absence of a normal proportion of Iodine in the food and water, which the inhabitants of districts where goïtre is endemic, consume. This explanation, plausible and brilliant as it may seem, is not sufficient. If it were, why should not the absence of Iodine result in the development of other diseases for which Iodine is given with success? With Iodine we cure glandular swellings of a scrofulous and syphilitic nature generally; yet we are not aware that the inhabitants of districts where goïtre and cretinism are endemic,

are, on that account any the more afflicted with the general symptoms of scrofulosis for which Iodine is universally and successfully used as one of the most reliable remedies. On the contrary, Doctor Grange of Geneva is of opinion that there is no sort of connection between scrofula and goïtre. According to his observations, in regions of country where goïtre is most frequent, scrofula is an exceedingly rare disease. The region of the Pyrences may be instanced as an illustration of this fact.

Admitting the truth of the assertion that Iodine is a normal constituent of the organic tissues, we do not admit the justness of the inference that the absence of Iodine in the fluids and solids which individuals oppropriate to themselves as food, leads to the development of goïtre and cretinism. There is a difference between the absence of good and the presence of positive evil. Small-pox is both the absence of a good, and the presence of a positive evil; so is syphilis; so is fever and ague; so is erysipelas; so are goïtre and cretinism. Diseases are states of evil, depending upon the presence of morbific principles. A morbific agent or force may have supplanted the power of normal reproduction in the thyroid body; we can understand and accept such a doctrine; we can understand that this inimical influence may act as a parasite upon the tissues of the gland, appropriating to itself its physiological growth, and developing it into an hypertrophied monstrum. It is upon this inimical agent that the Iodine acts; by neutralizing it, the normal reproductive energy of the gland is restored, and a gradual removal of the adventitious mass is the consequence.

INFLAMMATORY GROUP.

Poisonous doses of Iodine produce inflammation, ulceration and even gangrene of the intestinal mucous membrane.

A lady of twenty-six years undertook to kill herself with two drachms of the tincture of Iodine. She experienced a burning and dryness from the throat to the stomach, with tearing pains in the epigastrium and fruitless attempts to vomit. Her face was flushed, her eyes weeping; pulse contracted, small; she complained of violent pains in the stomach that were made much worse by pressure. After having obtained relief by antidotal treatment, the pain shifted to the bowels along the tract of the colon.

These symptoms denote inflammation of the mucous lining of the digestive tube. It is only in few cases that Iodine may be available in *Gastro-enteritis;* in rheumatic inflammation of scrofulous children, for instance, it would be perfectly justifiable to use Aconite and Iodine in alternation; this treatment might likewise be pursued in a case of inflammation induced by abuse of alcoholic stimulants.

In Horn's Archives we read of a case of poisoning by Iodine which shadows forth the homœopathicity of this agent to an acute attack of *Typhoid Enteritis;* the symptoms in this case were: colic, vomiting, bloody diarrhœa, cadaverous paleness, coldness and trembling of the limbs, anxiety, vibratory motions before the eyes, profuse sweat on the forehead, irritated pulse.

I designate this group of symptoms as a case of typhoid enteritis, because the mucous lining of the small intestines was evidently inflamed, and the attendant nervous symptoms bear witness that the ganglionic system of nerves was very deeply involved in this pathological disturbance. An acute attack of this kind may be the result of some suddenly-acting cause of a rheumatic or arthritic nature.

Scrofulous Inflammation of Joints, knee, hip, elbow, and other joints, may require Iodine for their cure. The joint is swollen, looks red, more particularly of a dark-red color; effusion may have taken place. The patient complains of great pain, an aching, throbbing, sore pain. The inflammation is of a torpid character, the fever moderate. It may be best to give Aconite and Iodine in alternation, using the tincture of each, one drop in about twelve tablespoonfuls of water.

Wallace informs us that in three cases he has seen pleurisy occasioned by the continued use of Iodine. Dr. Wurm, of the Vienna Homœopathic Hospital, informs us that, in cases of chronic pleurisy with effusion, he depends upon Sulphur 30th, as his principal resorbent of the effused fluid. He also suggests Arnica as a useful agent in such cases. We think that in protracted cases of

Pleurisy, if the patients have a scrofulous or scorbutic diathesis, and more particularly if effusion into the pleural cavity seems to have taken place, Iodine will prove superior to Sulphur or Arnica. It may be alternated with Aconite or Bryonia. Squills may be useful in some cases.

ORBITAL GROUP.

Iodine affects the sense of vision with considerable power.

Wallace has observed: trembling and oscillatory vibrations in the eyes.

In Frank's Magazine we read of a lady of thirty-two years who took Iodine for goïtre. She was attacked with excessive sensitiveness of the retina, photophobia; objects appeared in a flaming, fiery and dazzling light; the candle-light was painful to the eyes.

Another observation by Wallace is that of a captain who, while under the effects of Iodine, saw nothing but the white paper while reading print; after he had got to the end of a phrase, the commencement of it would become visible.

Here we have delineations of peculiar forms of

Amaurosis which may occur as symptoms of scrofulosis, or as the development of some other constitutional, perhaps arthritic diathesis, and which may yield to Iodine as their typical representative.

NASAL GROUP.

According to Jahr the vapors of Iodine exercise an inflammatory action upon the Schneiderian membrane, and upon the lining membrane of the mouth and larynx, with violent coryza and cough, stupefaction, vertigo, ringing in the ears, sparks, headache.

This group of symptoms may represent a sort of acute

Catarrh of the Schneiderian membrane for which Iodine may prove a curative.

Iodine is useful in

Ozæna whether of a scrofulous or syphilitic nature. In

Fetor of the Nose, arising from putrid ulceration of the Schneiderian membrane, in scrofulous subjects, Iodine is eminently curative. In the case of a girl of eleven years, who had been afflicted with a most abominable odor from the nose for about two years, and loss of smell, small doses of the tincture of Iodine effected a perfect cure.

BUCCAL GROUP.

Iodine causes ptyalism which differs from mercurial ptyalism in this, that it neither causes stomatitis, nor the fetor which is characteristic of mercurial salivation. It is a remarkable fact that, in spite of its acknowledged faculty to excite ptyalism, Iodine is recommended and used by allœopathic practitioners as one of their most efficient antidotes to

Mercurial Ptyalism and Stomacace. In Hufeland's Journal and in other publications a number of cases are reported, where the internal use of the tincture of Iodine in various doses, from two to five and more drops three or four times a day, effected a perfect cure; in one case the gums were entirely disorganized, transformed into a whitish pultaceous mass, covered with ulcers, teeth loose, copious ptyalism and very offensive fetor; the patient looked sickly, emaciated, with a quick and small pulse. Six grains of the pure Iodine were made into pills by working them with a little gum, three of which the patient took, four times a day. He was completely restored after having taken twenty-four grains of Iodine in all.

In Hufeland's Journal, a Berlin physician recommends Iodine for

Sea-scurvy and likewise for

Purpura Hæmorrhagica which is regarded as a development of the scorbutic diathesis by many pathologists. The most celebrated anti-scorbutic agents contain a good deal of Iodine. The flesh of the turtle, for instance, which is recommended as excellent anti-scorbutic nourishment, is rich in Iodine. The Greenlanders use for scurvy sea-algæ which they prefer to scurvy-grass or cochlearia.

PHARYNGEAL GROUP.

Jœrg and his provers found that Iodine causes a scraping and burning sensation in the fauces, extending even down the œsophagus. Orfila experienced constriction of the fauces. We may avail ourselves of this indication in certain forms of

Chronic Sore Throat, with incipient chronic bronchitis. We shall afterwards see that in inflammatory irritations of the lining membrane of the air-passages Iodine is a valuable agent.

CHYLO-POIËTIC GROUP.

Orfila, when experimenting with two and four-grain doses of Iodine,

experienced a horrid taste in the mouth, and vomiting of a yellowish fluid containing Iodine.

Jœrg and his disciples have furnished some valuable hints regarding the use of Iodine in gastric affections.

One of the permanent effects of small doses of Iodine was in the case of every prover a sort of unnatural canine hunger. Guided by this symptom we may prescribe Iodine in

Bulimy, especially when accompanied by emaciation. This condition is a peculiar species of marasmus which may find its remedy in Iodine.

Other prominent symptoms in the case of Jœrg and his provers were: Saltish taste in the mouth, musty eructations and a remarkable sympathetic relation between the head and stomach and bowels.

One of the provers, for instance, experienced first an aching pain in the forehead; after it had disappeared, the canine hunger set in followed by discharge of thin fæces.

In another prover, the action of Iodine upon the digestive apparatus took this development: tension in the stomach and bowels, slight oppression on the chest; large and full pulse and lastly cerebral congestions.

Jœrg himself experienced from half-grain doses: frequent attacks of headache after dinner; he also experienced cutting pains in the umbilical region, with papescent stools and succeeded by a feeling of embarrassment in the back ascending along the nape of the neck to the head.

These groups of symptoms present indications for the use of Iodine in various forms of chronic

Indigestion or *Dyspepsia* characterized by similar paroxysms. The nature of these paroxysms seems to be venous congestion, and a peculiar irritability of the absorbent or lymphatic system resulting in a sensation of morbid hunger and diarrhœic stools.

A very remarkable symptom experienced by Professor Jœrg in his own person, in the following: "Trembling in the region of the stomach which thence seemed to spread to the periphery where it engendered a sensation as if sweat would break out; it was attended with a burning sensation, especially in the stomach, pressure in the region of the heart, and heaviness on the chest; pulse eighty two to eighty-six."

I was once called upon to prescribe for a man who had been subject for five years past to paroxysms somewhat similar to this group of Iodine-symptoms. In mid-summer, while heated and covered with perspiration, he had been partaking of a quantity of iced-milk, the effect of which was to do away with the faculty of feeling either hungry or thirsty. He might be from breakfast to supper without thinking of his meals; he took small quantities of nourishment simply because he thought it necessary to do so for the preservation of life. Sometimes he would attempt to swallow a little cold water, the effect of which upon the stomach was very remarkable. Immediately after swallowing the water, he would be seized with a sense of trembling in the region of the stomach; thence this sensation

spread to the periphery causing a sensation as if the body were swelling up like a balloon; the sensation was accompanied with dizziness, loss of sense, and finally the starting out of a moisture all over his body, which ended the paroxysm.

This paroxysm seemed to me to resemble, as nearly as possible, the paroxysm developed by Professor Jœrg in his provings of Iodine; I therefore prescribed this agent with tolerable certainty of success. But the Iodine left me in the lurch, and the case unaltered. I was thrown back upon my own resources. The only medicine the known effects of which seemed to come any ways near this paroxysm, is Aconite. Upon looking at the symptoms of Aconite, you will find that it causes a sensation as if the stomach were swelling up. This symptom seemed to bear somewhat upon my case. It causes a sensation as if the body would swell up like a balloon. This symptom seemed homœopathic to the case. It causes a sensation as if drops of moisture were deposited upon the skin. This symptom seems to cover the fact that the appearance of moisture terminated the paroxysm. Aconite causes anxiety, dizziness, loss of sense. Taking these symptoms together, I considered the symptomatic resemblance sufficiently perfect to justify me in trying Aconite in this case. The pathology, it seemed to me, spoke for itself. What little irritability in the nervous tissue of the stomach had been left by the incautious use of iced-milk, was momentarily suspended by the contact of cold water. The vital energy at once went to work to free the stomach from this hostile principle; the absorbents took it up, and gradually removing it to the periphery, it was discharged by the cutaneous exhalants in the shape of a universal moisture.

No medicine in our Materia Medica seems to be possessed with such a specific power of restoring the irritability of the capillaries as Aconite, especially if this irritability had been impaired by rheumatic exposure. I therefore prescribed the Aconite, both in accordance with the symptomatology and pathology of the case, and had the satisfaction of making a perfect cure. I commenced with one drop of the German tincture in the course of twenty-four hours, gradually increasing to five drops. The cure was completed within six weeks.

Most of Jœrg's provers have experienced diarrhœic discharges from the use of small doses of Iodine.

One of the provers records this symptom: rumbling in the bowels, hunger and discharge of thin stool.

Another: frequent pressing and liquid stool.

Jœrg records: fetid flatulence, and papescent stools, with burning at the anus.

In the *Diarrhœa of Scrofulous Children*, with thin fetid discharges, distention of the bowels, pinching, and cutting pains, Iodine has been used with advantage.

Let me recall to your attention, the fact that the provers of Iodine have established the dependence of certain abnormal conditions of the digestive tube upon certain abnormal conditions of the brain. Frontal headache, equivalent to venous engorgement, was succeeded

by pains in the bowels and liquid stools, equivalent to abdominal venous congestion. We have availed ourselves of this sympathetic action as a valuable indication for Iodine in certain forms of cholera infantum, described by pathologists as

Cholera Encephalitica which speedily leads to marasmus and death from cerebral exhaustion. The discharges may be thin, fetid, or even bloody and purulent, accompanied with pains and pressing, and symptoms of cerebral derangement, boring of the head into the pillow, rolling of the head, comatose drowsiness interrupted by sudden screams. A few drops of the tincture of Iodine in a small tumblerful of water may be administered in dessertspoonful doses. In

Chronic Diarrhœa depending upon a diseased condition of the mesenteric ganglia, Iodine may render us important service.

URINARY ORGANS.

According to Jœrg, small doses of Iodine cause an increased secretion of thin, watery urine, or frequent discharge of small quantities of urine. From larger doses the urine assumed a dark, greenish-yellow color.

The effect of massive doses seems to be to diminish the secretion of urine. These few symptoms do not afford any very satisfactory therapeutic indications, unless they should present themselves as symptoms of a more comprehensive characteristic group. In a case of stricture or hydrocele, for instance, the above mentioned change in the quantity and quality of the urinary secretions might become of some importance. In some cases of

Chronic Stricture of the Urethra, Iodine has been employed with excellent effect, in conjunction with the bougie.

SEXUAL GROUP.

Iodine has caused impotence with atrophy of the testes. Hence in *Impotence with Atrophy of the Testes*, Iodine may prove of great use.

Small doses of Iodine cause violent and continued erections. We may therefore find this agent useful in

Chordee-like Erections when caused by mercurial poisoning.

Induration of the Testicle, as a symptom of a general scrofulous habit, may yield to the use of Iodine.

A man of sixty years, asthmatic, was attacked with swelling of the parotids and other glands, mesenteric, inguinal, etc., whenever he took cold. After perspiring profusely, he got well again. On one occasion, this critical perspiration did not take place, instead of which the right testicle became inflamed and swollen. The inflammation subsided, but the testicle remained permanently indurated. The patient who kept his bed most of the time, was put upon the use of the tincture of Iodine, 8 drops four times a day. After the lapse of eleven days, the patient had one morning profuse fetid sweat which continued for several hours and was attended with an intolerable itching and burning in the diseased testicle. After the sweating ceased, the testicle had become soft, and in a few days recovered its normal condition.

It is an admitted fact that Iodine hastens and increases the secretion of the menstrual blood. In the case of a plethoric female of twenty-four years, it caused uterine hæmorrhage lasting four weeks.

We shall therefore find Iodine indicated in cases of premature and *Profuse Menstruation*, accompanied by prostration, colicky pains, dizziness resembling intoxication, frontal headache.

In *Dysmenorrhœa* attended with colicky pains and violent headache, Iodine has been found useful. It had a tendency to remove the pain and to increase the discharge to a normal quantity.

In one case of dysmenorrhœa, the menses were preceded by rising of heat to the head, palpitation of the heart, tension and bloating of the neck.

We should not forget the great use which Aconite affords in cases of menorrhagia and dysmenorrhœa attended with spasmodic colicky pains in the bowels and symptoms of violent cerebral congestion. If both Aconite and Iodine seem indicated, these two medicines may be used in alternation.

Amenorrhœa, as a sign of general scrofulosis, may be remedied by Iodine. It is particularly in the case of lymphatic females, afflicted with bad digestion, costiveness, distention of the bowels, oppression of breathing, palpitation of the heart, dizziness and headache, that Iodine will prove useful. Pulsatilla, Aconite and Ferrum should not be forgotten in such cases.

The remarkable action of Iodine upon the female organs of generation has led to its use in several important disorders, particularly in metritis, chronic vaginitis and leucorrhœa.

Metritis. In Horn's Archives we find several cases recorded, where symptoms of congestion of the uterus, bordering upon inflammation, showed themselves on the second and third day after confinement. The pain in the region of the uterus was intense, the abdomen very sensitive, with continual urging to urinate, heat and dryness of the vagina, suppression of the lochial discharge. Iodine removed the pain at once, restored the lochial discharge, and freed the patient from all danger.

Chronic Vaginitis, especially in the case of scrofulous females. The mucous lining feels hot and sore, occasionally with stinging pains, a sense of fulness in the vagina, and yellowish, thick, and perhaps fetid leucorrhœal discharge. Give the Iodine internally in doses of one or two drops of the tincture in a tumblerful of water, a tablespoonful every four hours; at the same time a watery solution, containing five drops of the tincture to a pint of water, may at times be injected into the vagina. If the vaginitis is traceable to rheumatic exposure, we may give Aconite and Iodine in alternation.

Leucorrhœa, especially in the case of scrofulous females, generally afflicted with signs of scrofulosis.

Trousseau and Pidoux are astonished that Bréra, Grimelle and others should recommend Iodine for leucorrhœa, an affection so frequently resulting from capillary engorgement of the vaginal and

uterine mucous membrane, which Iodine is so apt to occasion. To me, the use of Iodine in this affection seems as transparent as the light of day. Iodine is in affinity with morbific principles which, in certain states of receptivity of the organism, may develop pathological processes of a specific nature, and removable or curable by Iodine. Engorgement of the vaginal lining membrane, and leucorrhœa are some of these processes. Hence Iodine will cure them. Or, in order to express the same fact in the technical language of Homœopathy, it will cure leucorrhœa of a certain specific character, because it is capable of exciting a similar morbid condition in the healthy tissue.

The property which seems inherent in Iodine of resolving glandular indurations, has been successfully brought to bear upon the treatment of scirrhous indurations of the neck of the uterus. In a Bavarian medical journal, we find a case of this kind reported. A married female, aged forty-five years, was afflicted with irregular menstruation, violent pains in the abdomen, constipation, spasms, fits of anxiety and lowness of spirits. She was treated by a number of physicians without any success. When she was first seen by Dr. Zimmermann, who reports this case, she was emaciated, had hectic fever, thirst, was unable to leave her bed, had lost her appetite, was without sleep, low-spirited, complained of a feeling of weight deep in the cavity of the pelvis, which was sometimes accompanied with a gnawing pain, and was troubled with a fetid discharge from the vagina. Upon examination, the os and neck of the uterus were found involved in a scirrhous induration. She was put upon the use of twenty grains of the hydriodate of potash, and eight grains of Iodine dissolved in an ounce of water, of which solution she took three times a day from six to eighteen drops in a spoonful of water sweetened with sugar. At the same time an ointment composed of thirty grains of the hydriodate of potash and one ounce of hog's lard was rubbed in the perineum, groin, and gently in the indurated portion of the uterus, mucilaginous injections into the vagina being likewise resorted to. After continuing this treatment for two months, the indurations gradually disappeared, became cicatrized, and all the consensual bodily and mental sufferings were removed.

Another important affection which may befal the female sexual system, is

Galactirrhœa, or flow of milk. Such a flow may arise from abnormal innervation of the lymphatics of the breasts. The lymph, instead of being appropriated or assimilated by the tissues for their support, is wasted in consequence of the continual dribbling from the nipple, a weakness which may lead to complete marasmus. A case of this kind occurred in the practice of Dr. Kauser, a practitioner in Germany.

A young woman, who did not nurse, had been afflicted with galactirrhœa for several years. She had dwindled down to a skeleton. Dr. Kauser gave her Iodine internally and likewise applied it externally; in three weeks she was radically cured.

I am unable to say upon what principle Dr. Kauser administered

the Iodine in this case. Certainly not in accordancee with the principle "*Contraria contrariis*," for Iodine produces atrophy of the breasts and of the tissues generally. No, indeed; Iodine affects all these great cures in accordance with the law "*Similia similibus.*" Why this abnormal flow of milk in the present case? The mammary gland, true to its instinctive destiny, secretes milk out of the chyle manufactured by the stomach and pancreas. But the assimilative or reproductive power of the lymphatic capillaries is prostrated. The secreted milk, instead of being converted into organic tissue, is permitted to escape. We may go farther and trace the difficulty to the brain. That element or principle in the brain which presides over the assimilative sphere, is deficient in power. Some influence, inimical to it, keeps down, interferes with, its functional activity. It is with this inimical influence, whatever be its essential nature, that Iodine is in relations of affinity. Hence Iodine affects the organism in a similar manner, and hence again, by virtue of this very affinity, or homœopathic relationship, Iodine frees the organism from this very influence, if permitted to act upon it with sufficient power and for a sufficient length of time.

CATARRHAL GROUP.

Jœrg and his provers have developed some interesting symptoms by their experiments with Iodine.

In one of the provers, Iodine caused a more copious secretion of mucus in the larynx.

In another prover, it caused a roughness in the larynx, also a painful pressure and stitching in the larynx.

It has also caused: pressure in the larynx and pharynx, as if swollen.

We may infer from these symptoms, that Iodine has a striking effect upon the laryngeal mucous membrane. and that it may prove useful in affections of this tissue characterized by congestion and inflammation. Hence we use Iodine with great advantage in

Croup, especially in that stage of croup where the exuded lymph begins to become consolidated as an organized artificial membrane, with suffocative wheezing and a fully developed croupy sound during the inspirations. A new method of administering the Iodine in this disease has been resorted to with success by Dr. Wm. Arnold, of Heidelberg. His method of using the vapors is of sufficient importance to induce us to transfer a description of it to our pages. The three children, in whose cases the Iodine vapors were applied, not only remained alive, but recovered entirely, without any subsequent disease of the respiratory or other organs.

The iodine-inhalations may be administered as follows: From twenty to thirty drops of the first attenuation should be poured into a small saucer full of hot water, the heat being maintained by a spirit-lamp, and the saucer placed in such a position as to make it necessary for the child to inhale the vapors. This may be continued until the respiration becomes moist and rattling.

In one of Dr. Arnold's cases the inflammation was confined to the larynx; in the other two cases the bronchi were manifestly affected. For the balance of the report, we will avail ourselves of Dr. Hoffendahl's translation in the North American Journal.

The effects of the Iodine-vapors were first to make this cough more moist; then mucus was expectorated, which was soon mixed with fragments of membrane, and accompanied by a certain degree of amelioration. On renewing the inhalation, the children expectorated a tough mucus, and fragments and stripes of membrane of various sizes; the expectoration being accompanied by violent cough and inclination to vomit. After a frequent repetition and a continuance of the expectoration, the anxiety and dyspnœa of the little patients visibly decreased. They enjoyed spells of quiet sleep, which gradually increased in length after every attack of cough. In this manner one of the cases was out of danger in sixteen hours, the other two in forty and forty-eight hours.

The evident and visible effects of the Iodine-vapors were looseness of the cough, separation of the membrane, and consequent greater facility of respiration. The mode of preparation was simply to pour a few drops of the strong tincture, or about twenty drops of the first attenuation, into a shallow vessel filled with boiling water. The child was made to inhale the vapor by holding its head over the vessel, or in its immediate neighborhood. The preparation of the vapors was renewed more or less frequently, as it was needed, from every two to every six hours. At first the vapors appeared to be agreeable to the children, since they endeavored to approach the steaming vessel. Subsequently the effect seemed to be unpleasant, for two of the children resisted the application, after the more violent attacks had been relieved.

In *Chronic Laryngitis*, with hoarseness, aching and sore pains in the larynx, and even occasional paroxysms of spasmodic cough emanating from the larynx, with discharge of lumps of hardened mucus, Iodine may prove useful. Even in

Laryngeal Phthisis if the previously described symptoms exist, accompanied with burning distress and expectoration of bloody and purulent mucus, Iodine may still prove useful, especially in the case of scrofulous and syphilitic individuals.

In *Chronic Bronchitis*, with paroxysms of tearing, suffocating cough, violent tickling in the throat-pit, spasmodic constriction, burning sensation in the air-passages, wheezing breathing, expectoration of frothy, blood-streaked, or even purulent mucus, Iodine may do much good as long as no decided hectic fever has appeared. The first attenuation may be used in connection with occasional doses of the first attenuation of Aconite.

THORACIC GROUP.

According to Jœrg and his provers, Iodine causes tightness, pressure and burning in the middle of the thorax, also in one side of the thorax, with dry cough, and rheumatic pains in the arms, in the region of the neck and trunk.

It also causes hoarseness, stitching pains in the chest, with frequent paroxysms of deep and dry cough.

In the case of Orfila, two, four and six-grain doses of Iodine caused asthmatic oppression, a more violent and rapid beating of the heart, increased frequency of the pulse.

In the case of other persons, Iodine has caused a violent beating of the heart, with fainting; relief being obtained by resorting to a horizontal position.

Another effect of Iodine is recorded as a sensation as if the heart were squeezed.

The action of Iodine upon the heart is simply indicative of congestion either of the ventricles or of the coronary arteries; the squeezing sensation may be ascribed to congestion of these vessels. Palpitation of the heart may be an accompaniment of pulmonary phthisis.

The effects of Iodine upon the lungs are of more immediate importance; they seem to correspond with such pains as characterize the irritative stage of *Pulmonary Tuberculosis*. In this affection Iodine is of great use to us; it may perhaps be advisable to prescribe it in alternation with the tincture of the root of Aconite, or the first attenuation thereof.

We know that the development of tubercular phthisis sometimes goes hand in hand with the disappearance of goïtre, whence we infer that Iodine may develop, and, therefore, in certain conditions, act as a curative agent in tubercular phthisis.

A girl of twenty-four years had been afflicted with glandular swellings for some years, without manifesting a trace of phthisis; she took Iodine internally for some months and the swelling disappeared; but in their places a dry cough set in which increased gradually and was accompanied with a feeling of heaviness and tightness in the chest and a sometimes blood-streaked expectoration: the pulse was rapid, feverish, and the patient speedily died of pulmonary phthisis. This case is reported in Frank's Magazine, where the phthisis is alluded to as an effect of Iodine.

In another case, the disappearance of goïtre under the action of Iodine seems to have developed

Taberculosis of the Liver. A girl of twenty years was cured of goïtre; but stitching and aching pains in the liver supervened in its place; her appetite became less, she grew thin, the menses became irregular, and she died with the symptoms of hepatitis, the character of which, it seems to me, must have been tubercular.

A favorite mode of administering Iodine in tubercular phthisis, and in affections of the respiratory organs generally has been by inhalation. Various instruments have been contrived for this purpose. One of them has already been alluded to in the beginning of my lecture. It has been designed by Dr. Fullgraf, a homœopathic physician of the city of New York. You may have read in the New York papers of the great success which Dr. Walker, an advertising *exploiteur* of the inhaling method, is said to have in the treatment of bronchial and pulmonary affections. I happen to know

that, among his medicines, the tincture of the root of Aconite, the Iodine preparations, and some of the narcotics such as Balladonna, Hyoscyamus, Conium maculatum, occupy a prominent rank.

Piorry in France, Maddock in England, and a number of German physicians have reported cures of fully developed phthisis pulmonalis by means of Iodine inhalations. Tubercular disorganizations such as have always been considered incurable heretofore, are said to have yielded to the action of Iodine vapors. Inhalations have become so fashionable, and the results obtained by this method seem to have been so satisfactory in many cases, that it would be wrong to overlook or repudiate it. An intelligent homœopathic physician is constitutionally a man of liberal and progressive mind, whose natural impulses will lead him to examine every improvement in medicine with the eye of an impartial observer.

In *Phthisis Meseraica*, Iodine has done much in many cases. Even if the mesenteric ganglions are very much enlarged, the patient is emaciated, the reproductive functions are utterly deranged, vomiting and diarrhœa, prostration and irritative fever have become prevalent symptoms, Iodine may still effect a cure, if circumstances and the constitutional reaction are favorable.

Allœopathic physicians are very anxious to put forward fever and inflammation as counter-indications to the employment of Iodine. Sundelin, Professor in the University of Berlin, teaches in his interesting "Manual of Special Therapeutics," that "active fever or fever of any kind, inflammatory conditions, vascular and nervous erethism, disposition to hæmorrhage, more particularly hæmorrhage from the lungs and uterus, pregnancy, phthisicky habit, or fully developed phthisis, constitute important counter-indications to Iodine."

Homœopathic physicians are not frightened by the presence of such morbid phenomena. On the contrary, they hail them as signs that the morbific force which generates them, will yield itself up to Iodine as its natural neutralizer.

FEVER-GROUP.

A lady of thirty-four years, after the moderate use of Iodine, was attacked with a fever, dryness of the skin which was cold rather than warm; soft and hurried pulse, delirium, subsultus tendinum, grasping at flocks. The Iodine being discontinued, the fever gradually ceased; in a few weeks the Iodine was resumed, and the fever returned.

Iodine is not properly speaking a remedy for fever. The fever to which Iodine is homœopathic, is of a symptomatic character; it is a fever incident to other pathological conditions such as phthisis, marasmus, rheumatism, etc. It may subserve its purpose as a symptomatic indication, but in Iodine-affections it holds a secondary rank.

EXANTHEMATIC GROUP.

The curative virtues of Iodine in
Goïtre, Bronchocele or *Derbyshire-neck*, are well known. It is in

simple hypertrophies, simple œdematous enlargements of the thyroid gland that Iodine proves efficient. In scirrhous, tubercular, osseous, cartilaginous degenerations of the thyroid body, the cure is of course much more protracted, and very often unsatisfactory. You will recollect that, when the Iodide of Mercury was spoken of, it was commended to your attention as superior to Iodine in many cases of this distressing affection.

Glandular Tumors, indurated, may yield to the continued internal and external use of Iodine, especially if other medicines, such as Belladonna, Conium, Aconite, etc., prove insufficient.

Enlargement of the Liver, with stitching and aching pains in the region of this gland, in scrofulous subjects, and more particularly if this enlargement is a symptom of a generally developed scrofulous diathesis, may be advantageously treated with Iodine.

Ganglia may be removed by the continued external application of Iodine. In the same manner

Ranula may be treated with success. Apply the tincture of Iodine externally several times a day.

Iodine is one of our great remedies for

Scrofulous Swellings. There was a time when Iodine was generally lauded as a veritable panacea for all scrofulous diseases. Lugal, physician in chief to the hospital St. Louis in the city of Paris, did more perhaps than any of his contemporaries towards popularizing the employment of Iodine in scrofulous disorders. From simple glandular inflammations to caries of bones and tubercular degeneration of the mesenteric ganglia: Iodine has been regarded as the specific panacea for all affections of a scrofulous type. In this respect, physicians have undoubtedly gone too far; although it is a fact substantiated by abundant experience that Iodine is one of our sovereign remedies for all affections emanating from disordered conditions of the lymphatic system, and even, as Trousseau and Pidoux justly observe, for the scrofulous diathesis itself.

In the case of *Lymphatic Swellings* which are not tuberculous, resolution is effected, after the inflammatory stage is passed, by Iodine more rapidly than perhaps by any other drug.

In his Manual of Therapeutics, Sundelin mentions a most interesting case of scrofula, where Iodine effected a beautiful cure. It was the case of a boy four years old. All the external lymphatic glands were swollen, the abdomen was distended and the skin, especially on the extremities, was covered with sores. The joints were considerably involved, the knee and elbow-joints were almost immoveable, so that the little patient was unable either to walk or stand. He was considerably emaciated, but had no fever. He took from three to five drops of the tincture of Iodine twice a day. In three weeks, all the glandular swellings had disappeared, the abdomen had become soft, the ulcers secreted a laudable pus and in a short time healed entirely. The appetite improved very soon, and the boy gained flesh. His health was entirely restored in about six weeks, and at this moment the boy looks hale and hearty.

Dr. Patterson, of Dublin, relates reveral cases of vertebral disease

in the *Journal des Connaisances Médicales et Chirurgicales,* which were successfully treated with Iodine. One was a case of

Caries with curvature, the patient being a boy of fourteen years, who was completely cured in two months with five drop doses of the tincture of Iodine three times a day. The second case was a case of

Curvature of the lumbar vertebræ, with abscess in the groin resulting from congestion, hectic fever, etc. The patient was a woman of twenty-six years, who took ten drops of the tincture three times a day, and was cured in three months. The third case was that of a young lady who had been afflicted for several years with spinal curvature and numbness of the lower limbs. She was cured in a few months.

In the treatment of

Hydrocele and *Ovarian Cysts,* Iodine has been used with great success. It should be used both internally and externally. In hydrocele, Ricord begins with a solution of moderate strength, say eighty drops of the tincture in three ounces of distilled water with which he saturates bandages that are firmly applied to the tumor. The solution is made stronger until the patient experiences a feeling of heat. If he complains of pain, the treatment is suspended for a few days. It generally takes a month to effect a cure.

Velpeau has substituted the tincture of Iodine for wine in injecting the tunica vaginalis testis in hydrocele. Cysts and other closed cavities may likewise be injected with Iodine. These iodine injections have been adopted by the most distinguished surgeons of France, Germany and other countries.

Even in synovial cavities these injections have been resorted to with perfect success. In dropsy of the knee-joint, Iodine-injections into the cavity of the joint have effected the absorption of the fluid and the restoration of the articular surfaces. At first it was supposed that Iodine effected a cure by producing adhesive inflammation; but more recent observations have shown that this is not the case. A cure takes place by virtue of the restorative influence which the Iodine exercises over the secreting surfaces of the joint.

In *Ovarian Cysts,* these injections have been practised with great success. The Iodine has even been injected into the peritoneal cavity for the purpose of curing ascites. This seems to me an abuse of the great therapeutic powers of this agent, although it is asserted that the peritoneum is in no wise injured by such a proceeding. The dropsy must be the result of a simple exudation arising as an idiopathic disease, as the consequence of chronic inflammation of the peritoneum, or in consequence of some constitutional dyscrasia. If the effusion depends upon organic disease of the heart or liver, it cannot be removed by Iodine-injections. I allude to this method of treatment simply as an historical fact; I cannot recommend it as a proceeding worthy of imitation. If Iodine is indicated in ascites and anasarca in the case of leuco-phlegmatic individuals for instance, it should be given internally.

Iodine-injections have also been resorted to in the case of

Abscesses arising from previous congestion; in the case of deep-seated fistulæ, and even of hernial sacs. A number of cures of these affections have already been recorded; in the case of abscesses and buboes Iodine-injections have certainly proved curative, if administered under appropriate conditions of success. Iodine seems to be possessed of remarkable anti-septic properties; it neutralizes the element which keeps up the inflammatory and suppurative process. The experiments of Liebig and Magendie, and more recently those of Duroy, a pharmaceutist in the city of Paris, have demonstrated this fact beyond all doubt.

In *Hygroma of the Knee*, which is an encysted tumor of frequent occurrence among persons whose business requires them to kneel a good deal, a cure is readily effected by applying compresses soaked with a solution of half Iodine and water. I may add that I have seen such tumors disappear very readily under the alternate internal use of Aconite and Arnica.

In persons tainted with a scrofulous dyscrasia, bones, in cases of fractures, sometimes do not unite readily. Doctor Buchanan has found Iodine useful in counteracting this difficulty. In all such cases it checks or neutralizes the scrofulous element.

In *Syphilitic Diseases* we make use of the tincture of Iodine less frequently than of other Iodine-preparations, such as the iodide of mercury or the iodide of potassium. Nevertheless we do use the tincture with success for the purpose of arresting a phagedenic chancre. We pencil the surrounding parts and even the ulcerated surface with the tincture. This proceeding has the effect of preventing the further spread of the chancre, and of diminishing and even neutralizing the angry character of the sore.

A bubo may be pencilled over in the same way, and a gradual absorption of the swelling be effected, especially if the iodide of potassium is used at the same time internally.

Hoarseness and *Ulceration of the Velum* arising from metastasis of the syphilitic virus, have been cured by means of the tincture of Iodine.

You recollect that Iodine causes gangrene. We may derive advantage from the use of Iodine in

Gangrene of the extremities, especially in rickety subjects, in the case of injuries, if the gangrene arises from want of care, or in persons tainted with a gangrenous dyscrasia. In the gangrene of old people, technically termed

Gangrena senilis, we may be able to use Iodine with good effect.

Lastly I may mention the good effect which Iodine has produced in the treatment of certain affections of the scalp, more particularly

Phtheiriasis or the lice-malady, with which scrofulous children, who are not kept perfectly clean, are sometimes attacked. The internal use of the tincture of Iodine, in conjunction with cleanliness, will cure this loathesome affection.

MENTAL GROUP.

Doctor Gairdner says that he has seen Iodine cause great and lasting anxiety of a peculiar character, referring to the present rather than to the future. Hence we may find Iodine useful in certain forms of

Hypochondria, where these forebodings prevail.

ANTIDOTAL TREATMENT.

Iodine antidotes Strychnia, forming the ioduret of Strychnia.

With starch, which is an antidote to Iodine, this agent forms the iodide of starch. In a case of poisoning we use emetics, afterwards tepid demulcent liquids, especially such as contain amylaceous matter: starch, wheaten flour, potatoes, sago, arrow-root which should be boiled in water and exhibited freely. Opiates have been found useful.

MODE OF EXHIBITING IODINE.

We have already alluded to the inhaling method. Iodine may be given in tincture-form, one or more drops in a tumblerful of water, or the solid Iodine made into pills by means of gum, giving from one-tenth to one-hundredth of a grain at a dose. Alcoholic attenuations may be made.

In Paris and in German capitals, she-asses, goats and cows are fed on Iodine which is readily absorbed by the milk to a considerable extent. This milk is given to children and other patients in whose cases the Iodine is expected to exercise a curative influence.

LECTURE XXXVII.

MERCURIUS.

THIS famous metal is well known to you all. In the books of medicine it is generally termed hydrargyrum, a name which is derived from two Greek words: *udor* (water,) and *arguros* (silver). It is also termed quicksilver; the name Mercury has been given to it in honor of Mercurius, the messenger of the gods, whose fleetness and volatile character Mercury is supposed to symbolize.

Mercury is seldom found in a pure metallic state; in such a case it is either found in the form of globules in the cavity of other ores, or combined with silver, silver-amalgam. The most important of quicksilver ores is the sulphuret of Mercury or native Cinnabar; most of the Mercury of the shops is obtained from this source. The mines of Spain, Austria, South-America and East-India are exceedingly productive; those of California are now said to be the richest mines in the world.

No mention is made in the Old Testament of quicksilver. We are told by d'Herbelot, author of a work entitled: Oriental Library, that the ancient magicians of Egypt, in their attempts to imitate the miracles of Moses, employed wands and cords containing Mercury which, under the influence of the heat of the sun, imitated the motion of serpents. Aristotle informs us that Dædalus, who lived about 1300 years before Christ, communicated a power of motion to a wooden Venus by pouring quicksilver into it. Pliny and Dioscorides also speak of Mercury; Dioscorides describes even the method of obtaining it from Cinnabar. Dioscorides and Plinius believed that Mercury destroyed the inner tissues by its weight. Galen too considered it a dangerous poison.

The Arabian physicians Rhazes, Avicenna and Aben Mesun, were acquainted with the red precipitate and corrosive sublimate. European physicians objected to the use of Mercury until the Crusades brought them in closer contact with the Arabian physicians. It was first employed for the itch and other cutaneous affections.

In 1493 Mercury was first used externally for syphilis. Barbarossa, a famous pirate of Tunis and Algiers, was the first to hazard the internal use of Mercury in syphilis. He contracted this disease several times, and cured himself with pills of quicksilver ground down with flour and turpentine.

Barbarossa communicated his receipt to Francis I., king of France, who was likewise affected with the disease.

To Paracelsus we are indebted for the more systematic internal use of Mercurius in the treatment of diseases. Mathiolus, whose name I have already mentioned in my lectures on Aconite, used the red precipitate internally for syphilis, and Wieseman used corrosive sublimate in the same manner and for the same disease in 1667. After this period Mercury was likewise recommended for other diseases. Van Helmont, a disciple of Paracelsus, whose name has acquired great celebrity as a speculative thinker, sought to prove the anthelmintic virtues of Mercurius.

Bertini used mercury as a remedy for inflammatory diseases and for small-pox. In this way Mercury gradually became a sort of universal remedy, and such a favorite with the profession that so-called quack medicines even are accepted by the highest authorities, provided Mercury is one of their ingredients. I have heard Dr. Mott recommend Swaim's Panacea, ex cathedra, and it is a well ascertained fact—thanks to the analytical researches of Professor Hare—that this famous compound contains corrosive sublimate.

Mercury has had enthusiastic friends and bitter enemies among the profession. No drug has proved such a friend to man as Mercury; no drug has scattered such wide-spread devastation on its path as Mercury. Why should not such a powerful agent prove a blessing in every instance? Why should beauty fade away by its deleterious virus? Why should man's noble energies become blasted under its influence? This need not be; turn away from your miserable empiricism, and listen to the teachings of him whose heroic devotion to medical truth has converted the deadliest poisons

into harmless and yet all-powerful restorers of health. Hahnemann's provings of Mercury, which were all conducted with massive doses, constitute one of the brightest, if not the brightest page in his Materia Medica Pura. They teach us with an unerring certainty in what diseases we may depend upon Mercury as a curative agent. No man who will take the trouble of studying these provings, in connection with the toxicological effects of the drug, will ever be at a loss how and where to give Mercury to the greatest possible advantage of the sufferer. These most comprehensive experiments of the great discoverer of the homœopathic healing art inform us that the therapeutic action of Mercury is as comprehensive as its effects upon the animal tissues are inveterate and intense.

Mercury affects more or less every tissue in the human body; it affects

The nervous tissue,
The serous membranes,
The mucous membranes,
The osseous system,
The fibrous tissue,
The dermoid tissue,
The glandular system.

And how does it affect these different tissues and systems? How does the destroyer "Mercury" attack the living economy? Its poisonous action commences at the inmost centres of vitality, whence it mercilessly progresses step by step tainting and enfeebling every organ. Its presence is said to have even been traced to the diploë of the bones of the skull. The power to disintegrate the animal tissues, to decompose the vital fluids, to destroy the plasticity of the blood, to prostrate the reproductive functions and to develop a universal dyscrasia which may very properly be designated as a scorbutic condition, seems to constitute the chief property which, in times gone by, has marked Mercury as a fell destroyer, and which, through the instrumentality of the homœopathic law, will convert this great agent into a blessing to future generations.

The affections to which Mercury is more or less homœopathic, might be conveniently ranged under the following heads:

1. Catarrhal and rheumatic diseases, common colds, influenza, fevers, etc.;
2. Inflammatory conditions, especially such as are worse at night, and not relieved by perspiration;
3. Dropsical conditions;
4. Worm-diseases;
5. Gastric and bilious derangements, including gastric and bilious fevers, jaundice;
6. Syphilitic diseases;
7. Swelling and suppuration of glands;
8. Rhachitis, caries and inflammation of bones;
9. Hæmorrhage;
10. Diarrhœa and dysentery;
11. Constipation;
12. Eruptive diseases, eczema, herpes, tinea.

The provings which we possess of Mercury, were obtained from Mercurius Hahnemanni solubilis; but they are likewise applicable to Mercurius vivus. I will endeavor to make you acquainted with the physiological effects and the corresponding therapeutic uses of these two mercurial preparations, after which we shall have no trouble in completing the study of Mercury, by adding the different salts of this drug to the general groups. The general action of all mercurial preparations is more or less alike, though the characteristic effects of Mercury are more strikingly developed by some, than they are by other preparations of this agent. The effects of poisonous doses are so remarkable, that it will undoubtedly facilitate the study and recollection of the pathogenesis of Mercury, if the toxicological action of this agent is fully described before giving an account of the results of our systematic provings.

In Dieterich's treatise, entitled "Mercurial Diseases," we find the poisonous effects of Mercury described in a systematic manner; they are:

1. *Mercurial Fever.* Dieterich distinguishes two kinds, the common erethic fever or fever of salivation, characterized by quick pulse, hot and dry skin, red gums, swollen tongue, salivation, loss of appetite, restlessness, headache, etc.; this fever may continue as long as the poisonous effects of Mercury continue in the system, for weeks and even months. Another kind of fever is the adynamic mercurial fever, characterized by depression of strength, præcordial anxiety, frequent sighing, partial or universal trembling, a small, quick pulse, a pinched-up and cadaverous countenance, a sense of coldness; the tongue is seldom furred; a sudden and violent exertion may sometimes prove fatal.

2. *Excessive Salivation,* mercurial ptyalism or stomatitis. According to Pereira, "the first symptoms of this affection are slight tenderness and tumefaction of the gums, which acquire a pale rose-color, except at the edges surrounding the teeth, where they are deep-red. Gradually the mouth becomes exceedingly sore, and the tongue much swollen; a coppery taste is perceived, and the breath acquires a remarkable fetidness. The salivary glands soon become tender and swollen; the saliva and mucous of the mouth flow abundantly, sometimes to the extent of several pints in the twenty-four hours. During this state the fat is rapidly absorbed, and the patient becomes exceedingly emaciated. The blood, when drawn from a vein, puts on the same appearance as it does in inflammatory diseases."

It sometimes happens, either from the inordinate employment of Mercury, or from some idiosyncratic affinity of the constitution to the action of Mercury, that the mouth becomes violently affected; the gums are tumefied and ulcerated; the tongue is swollen to such an extent that it hangs out of the mouth, incapacitating the patient from either eating or speaking; the salivary glands are enlarged, painful, inflamed, and the saliva flows out in an uninterrupted stream; quarts of it are sometimes secreted in the course of twenty-four hours. In some cases, the gums slough, the teeth loosen and drop out, and necrosis of the alveolar process takes place. The system becomes

exceedingly debilitated and emaciated. The sloughing may extend to every portion of the buccal cavity, the inner walls of the cheeks, tongue, gums, throat even; the saliva assumes the form of a viscid ichor, and the fetor from the mouth is intolerable.

A very frequent consequence of excessive mercurial salivation, and the attendant ulceration and sloughing, is contraction of the mucous membrane of the anterior arches of the palate, whereby the patient is prevented from opening the mouth except to a very slight extent. Pereira mentions two cases of this kind. In one case, that of a female, it followed the use of a few grains of blue pill, administered for the liver complaint. This patient remains unable to open her mouth wider than half an inch. Several operations have been performed by different surgeons, and the contracted parts freely divided, but the relief was only temporary. In another instance, that of a child four years of age, it was produced by a few grains of calomel. Though several years have elapsed since, the patient is obliged to suck his food through the spaces left between the jaws by the loss of the alveolar process.

You will recollect, from my previous lectures, that many other drugs cause ptyalism. Iodine, hydriodate of potash, digitalis, arsenic, tartar emetic, and several other substances, may induce ptyalism. It may likewise result spontaneously, in consequence of paralysis of the nervous filaments which are given off to the sublingual gland from the lingual nerves, or in consequence of paralysis of the nervous filaments which go to the parotid gland from the facial nerve and from the cervical plexus. In common sore throat or angina faucium, ptyalism may occur as a symptom of the general inflammatory irritation. Ptyalism may likewise result from the irritating influence of decayed teeth. Pregnancy may develop ptyalism. It is sometimes very difficult to distinguish mercurial from non-mercurial ptyalism. All the essential symptoms of mercurial salivation: tumefaction and inflammation of the salivary glands; sponginess, swelling and inflammation of the gums; copious secretion and excretion of saliva; fetid breath; brassy taste; swelling of the tongue; ulceration and sloughing of the internal parts of the mouth;—may occur even if no Mercury had been taken. In cancrum oris, which usually occurs in children, and consists of ulceration and gangrene of the inside of the cheeks or lips, a quantity of fetid saliva is secreted, and the ulcerative and sloughing process which is going on in this disease may closely resemble the disorganizing effects of Mercury. Pereira relates the following remarkable case of gangrene of the mouth, which occurred in an adult, and closely simulates the effects of Mercury.

"A man affected with rheumatism, sent to a surgeon for advice, who, without seeing him, prescribed some pills, one of which was to be taken thrice daily. At the end of the week, his rheumatism not being relieved, he sent his wife again to the surgeon, who ordered the pills to be repeated. Another week elapsed, when the patient requested Mr. Coward, another surgeon, to see him. Mr. Coward found his patient with the following symptoms: fever, great prostration of strength, sore throat, rheumatic pains in the wrist, profuse

ptyalism, more than a pint of saliva being discharged per hour, with the breath having the mercurial odor; and on the inner surface of the right cheek a foul ulcer. He ascribed his present condition to the pills as he had no sore mouth until after taking them. On cutting one of the pills, it was observed to have a light-brown color, and the odor of opium: hence it was supposed that they were composed of calomel and opium. Purgatives, tonics and gargles of the chloride of soda were used without avail; and, after some days, Dr. Pereira was requested to see the patient. He found him in the following condition: right side of the face swollen and slightly red; gums swollen, red and ulcerated; breath horribly offensive, its odor not distinguishable from that called mercurial. On the inner side of the cheek, near the orifice of the parotid duct, there was a slough about the size of a six-penny piece; salivation most profuse—in fact, the saliva flowed in a continued stream from his mouth; over his body were observed a few petechiæ. Notwithstanding the means employed, the man became worse, the sloughing gradually increased until the whole of the right cheek became involved, and he died in about a week after Dr. Pereira had commenced visiting him. It was ascertained from the surgeon who had prescribed the pills, that they contained Dover's powder, and not an atom of any mercurial preparation."

What would be our treatment, if such a group of symptoms occurred as a natural disease? Mercury might prove a successful remedy; another drug which is homœopathic to such a combination of disorganizations is Aconite. I have treated several cases of cancrum oris with two or three drop-doses of the tincture of Aconite in a tumblerful of water, giving a tablespoonful of such a solution every hour. You have to use a tincture made of the root; the tincture of the leaves may not prove sufficiently penetrating. Few drugs in our Materia Medica are more capable of developing such a universal gangrenous dyscrasia of the blood than Aconite. In a case of this kind, where Aconite is required, you will invariably find a quick and rather hard, jerking, though small pulse, and the inflamed parts will present a deep, dark-red appearance. If Mercury is indicated, the pulse may be quick, but it is small and soft, rather undulating, not hard or jerking. Nor are the parts dark-red, but of a livid, dark-brown color. If gangrenous petechiæ have broken out over the body, you may drop Mercurius as a useless agent. The better treatment in such a case would be to give Aconite and the first trituration of Arsenic in alternate doses.

3. *Mercurial Purging* (mercurial diarrhœa). This purging is frequently attended with griping and discharge of blood. In some cases there is fulness of the left hypochondrium, burning pain and tenderness of the region of the pancreas, and the evacuations are frothy, whitish, tough and often greenish, at least in the commencement. These symptoms may fairly be referred to an affection of the pancreas analogous to that of the salivary glands. Dieterich terms it pancreatic mercurial ptyalism, or abdominal ptyalism.

4. *Urorrhœa Mercurialis*, or excessive secretion of urine. This is a rare disease, but we shall afterwards find, when we come to our

systematic provings, that the action of Mercury upon the bladder is to cause a profuse flow of urine, and that on this account Mercury may be useful in diabetes.

5. *Hydrosis Mercurialis*, or profuse sweating. This is another effect of Mercury. The sweat is preceded by flushes, anxiety, heat of the skin, quick and soft pulse. Mercurial sweat is clammy, and has a strong, fetid and often sourish smell.

6. *Skin-diseases.* Among the cutaneous diseases which have been regarded as part of the ill-effects of Mercury, we find the following diseases recorded:

a. *Mercurial Eczema*, also termed mercurial erythema, or mercurial lepra. This eruption consists of innumerable, minute and pellucid vesicles, giving the appearance of a diffused redness to the skin, and a sensation of roughness to the touch. Sometimes the eruption is preceded and attended by febrile disorder. In two or three days the vesicles attain the size of a pin's head, and the serum which they contain, becomes opaque and milky. It soon extends over the body, and is accompanied by tumefaction, tenderness and itching. It usually terminates by desquamation; but in some cases a copious discharge takes place from the excoriated and tender surfaces; and when this ceases, the epidermis comes off in large flakes; in some instances the hair and nails fall off, and the eyes and eyebrows become entirely denuded. There is usually some affection of the respiratory organs indicated by dry cough and tightness of the præcordia. This eruption is often accompanied by dryness of the nose and fauces, and occasionally by more or less inflammatory irritation of these parts. The eruption first breaks out in the bends of the knees, on the inner surface of the thighs, on the scrotum, in the groin and in the axillæ. In a few days, the uncovered parts of the body become likewise invaded, the recently-formed vesicles containing a transparent fluid, whereas the fluid contained in the older vesicles becomes milky and turbid. On the fourth day, the vesicles break, discharging a tenacious and rather badly-smelling fluid which stiffens the linen. The patient feels most comfortable with his knees bent and raised; the pulse is weak, and the tongue somewhat coated.

b. *Miliaria Mercurialis:* The appearance of this rash is preceded by marked irritation of the nervous system and a slow, almost torpid febrile paroxysm. The exanthem first makes its appearance upon the chest, after which the anxiety and the restlessness of the patient abate. Next day the rash appears on the back and loins, preceded by the same symptoms. In this way the rash breaks out in patches, until it has completed its course. The vesicles are close together and white. After the rash is fully out, a rise of fever occurs every evening. Nervous symptoms, sleeplessness, slight delirium and convulsions supervene. The pulse is small, soft, easily compressible, not very quick, the skin is drenched with sweat which has a flat smell. The typhoid phenomena gradually increase, the pulse intermits, the rash recedes under the skin which becomes dry, and the patient dies comatose.

c. *Herpes Præputialis:* a diffused redness makes its appearance at one spot on the inner surface of the prepuce, with a good deal of

itching. Next day several transparent vesicles start up, of a pale-red color, with a whitish tinge; on the third day they break, forming roundish ulcers with a slightly-elevated border, secreting a great deal of pus and finally assuming a whitish appearance; the itching burning increases by washing the penis in cold water. Pereira observes that this herpes has likewise been seen in the case of persons who had not taken any Mercury.

d. *Psydracia Mercurialis* (mercurial itch). This eruption is composed of pustules from the size of a millet seed to that of a pea. On the fifth day, the tips of these pustules become filled with pus. They are never seen in groups, but are scattered, as it were, over the extremities. These pustules terminate in the formation of light-brown scurf which scale off.

e. *Impetigo Mercurialis.* This eruption consists of dark-red spots of various sizes, which first break out in the region of the sexual organs and afterwards on the chest. They itch a good deal. In a few months the color of these spots becomes somewhat browner, and vesicles start up in the centre of the spots which cave in on the fifth, and scale off on the ninth day. At first, the vesicles are seen on the sternum, after which they spread over the whole chest, arms, calves and inner surface of the thighs. At times some of these vesicles break, discharging a brownish-yellow tenacious and viscid pus which dries up into a crust beneath which the suppurative process continues. The upper portion of the scurf gradually assumes a whitish-gray appearance and scales off. The scaling off and re forming of the scurf goes on continually until the whole of the skin has become invaded. The skin becomes dry, rough, parched, depositing small, bran-like scales. These scales accumulate more particularly on the hairy parts of the skin, on the hairy scalp, in the region of the whiskers, eyebrows; they frequently fall off in patches together with the hair. The complexion changes to a shallow or earthy appearance, if it was formerly white and red, and to an olive-green appearance around the eyes, if it was formerly brown-red. The patients are easily drenched with sweat; the exhalations have an offensive smell and the alvine evacuations are either retained or watery. The appetite is either gone, or else it becomes voracious. The gums are livid, detached from the teeth, of a dirty-black color; the smell from the mouth is disagreeable, the mucous membrane of the fauces is bluish, spongy, traversed by injected vessels, with tearing pains in the limbs, and other constitutional symptoms. According to Pereira, these two eruptions, mercurial itch and mercurial impetigo, are doubtful results of mercurial action, and should be ascribed to some other cause.

7. *Inflammatory Conditions.* a. *Mercurial Conjunctivitis;* this inflammation has been described by Van Ammon; it is characterized by a peculiar lilac tint around the cornea and a pressure in the eye, and generally passes off as soon as ptyalism sets in. Pereira doubts the correctness of the statement that a conjunctivitis of this sort is attributable to mercury.

Another form of mercurial conjunctivitis has the following appearances; the conjunctiva of the ball of the eye and of the lids

is inflamed; the eyelids are swollen, red; the canthi feel as if excoriated, with smarting pain in them, the margins of the lids are burning and itching, agglutinated in the morning; they secrete a quantity of pus; frequently the patient is not able to open his eyes, until the pus has been washed off with tepid water. The patient complains of a pressure and sense of friction in the eyes. The eyes are sensitive to light. A quantity of thin, white mucus is secreted from the nose; the nostrils and upper lip are sore.

b. *Iritis Mercurialis;* this manifests itself either as a venous inflammation of the membrane of Descemet, or as a venous inflammation of the parenchyma of the iris.

c. *Retinitis Mercurialis:* a burning-aching pain in the bottom of the socket, considerable photophobia, constant lachrymation, a variety of bright colors, sparks, fiery rings before the eyes, etc. Pereira thinks that these inflammatory conditions of the eyes are not legitimate effects of mercury, but should be attributed to some other cause.

d. *Chronic Mercurial Angina faucium.* This is the result of long-continued mercurial treatment; it is characterized by dryness of the throat which comes on towards evening, in the open air, or after talking and smoking. The patients swallow saliva all the time in order to obtain relief. After a while the patients complain of a drawing and aching pain in the posterior part of the fauces, and great dryness in the nose inducing continual attempts to expel air through the nose. In the morning, the patients hawk up a tenacious, glassy mucous. The tonsils, curtain, uvula, and particularly the back part of the fauces, exhibit a redness which varies from dark-red to bluish-red. Darker spots are seen here and there, with yellowish elevations of the size of a half pea in those spots; these elevations are slightly-swollen mucous glands. The other parts of the mouth are traversed by single vessels of a violet-bluish color, and surrounded by clusters of other varicose vessels. On the mucous membrane of the cheeks and on the inner side of the lips vesicles of a pale yellow color are seen which discharge a clear, tasteless lymph, after which the sore heals very rapidly.

e. *Mercurial Periostitis.* We distinguish external and internal periostitis. The external periostitis develops itself in this manner: At some spots in those bones which are covered only by cellular tissue and integuments, in the tibia, ulna, sternum, radius, frontal bone, clavicle, the patient experiences after sunset a slight tension and drawing which does not prevent a quiet sleep. This slight pain recurs two or three evenings. On the fourth or fifth, the pain becomes gnawing, at one spot only in the affected periosteum. This symptom increases on the following days, depriving the patient of rest and sleep, until towards morning. On making pressure on this spot, the patient utters a slight moan as from pain. The pain is partly sticking, partly aching. This group of symptoms constitutes the first stage of mercurial periostitis. The second stage develops the following morbid conditions: the periosteum becomes spongy, it exudes an albuminous substance in the region where the gnawing pain is experienced. This exudation increases gradually, produces adhesions between the periosteum and the cellular tissue, and converts

both into a grayish white, homogenous, somewhat doughy, but rather hard-feeling substance. The swelling thus formed, varies in size from that of a hazelnut to that of a hen's-egg. In some cases the swelling spreads along the whole of the periosteum. Such swellings have heretofore been termed *gummata*. The color of the skin on the outside remains unchanged. As soon as the swelling commences to form, the pains increase in intensity; the intermissions become shorter and finally disappear entirely. The nervous system suffers a good deal, owing to the pains and sleepless nights; the patients lose their appetite, hectic fever frequently supervenes, and symptoms of the mercurial disease are perceived in other tissues and systems.

In internal periostitis the patients complain of a drawing pain wandering about in the inmost parts of the long bones. After the lapse of some days, the pain shows a tendency to become seated at one spot, increases in violence, becomes gnawing and boring, and occasions indescribable sufferings. The patients are deprived of sleep. After some weeks have elapsed, the bone begins to swell; the swelling does not arise from the whole extent of the bone at once, but from the upper and lower extremities, following the shaft of the bone and giving it the appearance as if it were swollen all around. The swelling feels hard and bony, whence we may infer that the substance of the bone has become enlarged and spongy. Simultaneously with the appearance or increase of this swelling, the pains increase to a frightful degree of violence. The pains are characterized by intermissions, are aggravated by the warmth of the bed, decrease in a cooler temperature, and are most violent when the weather, and more particularly the wind changes. The intermissions gradually shorten, until the pains become permanent. Graves states that periostitis attacked such patients as had taken a great deal of Mercury, even if they never had been affected with syphilis, as often as they took cold. Pereira thinks that "the disease is rarely or never seen after the use of this metal, except in cases where it had been given for the cure of a venereal affection, to which, in fact, it ought with more propriety to be referred."

8. *Hypertrophies:* Enlargements of the inguinal, axillary, and mesenteric glands, as well as of some of the secreting glands, viz.: the parotid glands, the pancreas, the testicles and liver, and condylomata and ganglia have been ascribed by some to the use of Mercury; in this respect it is likewise Dr. Pereira's opinion that these effects of Mercury are not sufficiently made out. In cases, where patients have died from the effects of large doses of Mercury, the liver has been found engorged with blood, even if no other lesions of the abdominal viscera could be discovered. Hence we have a right to infer that the liver is specifically acted upon by Mercury, and that this specific action is characterized by vascular engorgement.

9. *Ulceration* and *Sloughing:* Ulceration of the mouth is a well known effect of Mercury to which allusion has already been made in the paragraph on ptyalism. Ulceration of the throat may likewise occur. Sloughing of the same parts may be induced. In a case of sloughing which I witnessed, the whole face was black and swollen

so that the eyes were tightly closed, the tongue was swollen, of a black-brown color, and pieces of it would slough off every now and then; this sloughing extended to the throat, the inner wall of the cheeks, and was accompanied by the most distressing ptyalism; in the course of twelve hours the patient would discharge half a pailful of thin, ichorous, fetid saliva.

Mercury causes phagedenic, spongy, bluish, readily-bleeding ulcers. Completely cicatrized ulcers break open again and become gangrenous. This effect was witnessed on board the English man-of-war "Triumph." In 1610 this man-of-war received on board several tons of quicksilver saved from the wreck of a vessel near Cadiz. In consequence of the rotting of the bags the Mercury escaped, and the whole of the crew became more or less affected. In the space of three weeks two hundred men were salivated, two died, and all the animals, cats, dogs, sheep, fowls, a canary-bird, nay even the rats, mice and cock-roaches were destroyed.

This case affords a fine illustration of the extraordinary effects of the vapors of Mercury. Dr. Christison thinks that the activity of the emanations arises from the oxydation of the metal before it is inhaled. Buchner, Orfila and others, however, maintain, that metallic Mercury, in the finely-divided state in which it must exist as a vapor, is itself poisonous.

The *Simple Mercurial Ulcer*, or *Ulcus Mercuriale Simplex*, is thus described by Dieterich: the mucous membrane assumes a bluish-red appearance in one or more places, and becomes spongy; next day these spots become whitish, and the dissolution of the mucous membrane becomes evident. In a few hours the whitish-gray substance changes to a fetid ichor, flows off, and exhibits an irregular, shaggy, flat ulcer, with an almost spongy base, and sharply-indented edges. The ichor is discharged in profuse quantity, the ulcer spreads rapidly in extent, without penetrating into the flesh, and is very painful. If the use of the metal be continued, and the ulcers left to themselves, they assume a dirty, foul appearance and become rapidly phagedenic. Blood is now discharged from the ulcers, not actively, but oozing out as from a sponge, and evincing a state of great debility. The bottom of these ulcers often present unequal elevations and depressions, as if it had been corroded by insects: The breaking out of these sores is often accompanied by an irregular and quick pulse, sleeplessness, restlessness, profuse night-sweats, great nervousness and impatience from the slightest cause.

Another mercurial ulcer is termed by Dieterich the *Mixed Mercurial Ulcer*. This is a chancre which has assumed a sloughing disposition in consequence of the improper use of Mercury. Chancres termed phagedenic, are particularly liable to this degeneration. The base of the chancre which had a lardaceous appearance previously, and discharged a thickish pus, now looks dirty and shaggy, and discharges a thin, acrid fluid. Granulations which were previously red and healthy, assume a dirty yellow-brown appearance. Blood is discharged from the ulcer, it spreads rapidly in depth and circumference, destroying the adjacent soft parts.

Ulceration of the fibrous tissue and of the absorbent glands has likewise been ascribed to the use of Mercury.

10. *Mercurial Neuroses, or nervous derangements.* The nervous system is visited in a variety of ways by the baneful influences of Mercury. We distinguish more particularly the following conditions:

a. *Mercurial Rheumatism,* affecting the knee and shoulder-joints, rarely the hip, arm and wrist-joints; sometimes the rheumatism is acute, and, if left to itself, results in dropsy and suppuration of the joints; the pains are tearing, or heavy dull pains. Dr. Stokes has seen darting and pricking pains in various parts of the body produced by Mercury. Sometimes the rheumatic pains are at first wandering, and afterwards become seated and penetrating.

b. *Mercurial Neuralgia.* Along the track of a motor nerve the patient experiences a drawing, tearing pain. The pain may be seated, but more frequently it shifts from one place to another along different portions of the affected nerve. The pain may ultimately affect different parts of the nervous system. It has distinct, but irregular intermissions, and is excited by an exertion, a current of air, or by getting heated. Such patients cannot bear wet weather. They feel comfortable even if the weather is ever so hot. The nights are generally quiet. These tearing pains sometimes proceed from the teeth, extending to the parietal bone and the frontal region, and depriving the patient of sleep.

c. *Tremor Mercurialis,* mercurial trembling. This trembling is sometimes so violent that the patients are unable to talk, walk or eat; they have to be fed and dressed by others. This trembling may affect single muscles, or whole limbs, even the head and back; it sometimes increases to convulsions. Thackrah, in his work on Arts, Trades, etc., relates a few interesting cases of mercurial trembling.

"Peter Cataneo, an Italian, had worked for five years at the business of silvering mirrors, and was frequently compelled to desist from the employment until the effects of Mercury subsided. At length his tremors became general; gums sore, spirits depressed, bitter taste in the mouth, tongue white, pulse quick and small, but difficult to be felt on account of the constant tremor; cough and tightness of the chest; heat of the skin above the natural standard. He took Sulphur as practised at the mercurial mines with some little benefit; a grain of Opium at bed-time; and for diet milk, gruel, fish and porter: for his sore mouth an acid gargle was employed. The ptyalism abated, the tremors subsided, and in the course of a fortnight nearly disappeared, leaving, however, a sad feeling of weakness which was successfully managed by generous diet and bark."

"Another case is detailed in which the speech was greatly impeded, the limbs tottered, and the man, though young, moved like one far advanced in years. He could not convey any liquid to his mouth in consequence of the severity and constancy of the tremors. His appetite fell off, his sleep was greatly disturbed, his body wasted, and the lungs dreadfully oppressed. So great was the violence of

the trembling of his whole frame that he was nearly thrown out of a bath by it. Much of the water was driven over the sides of the tub, and it required the force of two men to prevent him from being actually ejected."

Another remarkable case of *mercurial* trembling is related by Dr. Stokes in his Clinical Lectures at the University of Dublin.

A man of forty-six years was admitted into the hospital in the month of October, 1833. Since his eighth year he had been employed in a looking-glass factory, where he had been devoted to the business of silvering looking-glasses. In doing this, the workman dips his right hand into a vessel filled with mercury, while with his left he is holding the plate upon which the metal is to be rubbed. Mouth and nose are in general covered with a veil. The patient had never resorted to this veil, because he fancied that those who did resort to it were not in any better health than he was. For thirty years he had enjoyed good health, except that at times he had been attacked with bleeding from the gums and with stinging, pinching pains in various parts of the body; he complained moreover of more or less weakness in his hands, which was however relieved by the use of spirituous drinks. He had been several times attacked with ptyalism, and on his arrival at the hospital all his teeth were gone. A short time previous to his reception in the hospital he had felt tolerably well, except that *his right eye had grown weaker*, and his memory was so far gone that he had forgotten the names of his most familiar acquaintances. The doctor was at a loss how to classify the condition of the patient. He saw that the character of this affection was spasmodic, but it neither resembled tetanus nor hydrophobia, nor hysteria; it rather partook of the character of St. Vitus' dance. *Head, arms and fingers, especially those of the left side,* were in continual spasmodic motion. The corners of the mouth were drawn back, the eyebrows wrinkled, the nostrils dilated. The sterno-cleido-mastoideus muscle, the trapezius and the abdominal muscles were spasmodically affected. In consequence of the continual hiccoughing which was in a measure owing to the spasm of the diaphragm, and in consequence of the continual trembling of the tongue, the patient's speech had become interrupted and indistinct. At times he seemed free from spasms, but as soon as he undertook to move any part of his body, the trembling commenced. If he attempted to raise his foot, it commenced to tremble, and sank again; when attempting to drink, the glass was involuntarily carried to the ear, nose or forehead, so that his companions observed laughingly that he was unable to find his mouth. If somebody else held the tumbler for him, he drank quite easily. *A cold draught of air, the contact of a cold hand,* and *the unexpected entrance* of a person into the room, caused the spasms to break out. The muscles of the left hand and side were more affected than those of the right side. The activity of the brain was not impaired; the patient was perfectly conscious and was anxious to communicate the most unimportant details of his sickness. On making pressure on the fourth and fifth vertebræ, the patient felt a little pain; the rest of the vertebral column seemed

perfectly sound. *The skin was cold and dry, the pulse hurried, soft and small, the bowels constipated.*

The following treatment was instituted: Leeches were applied to the sensitive part of the vertebral column, and the patient was put into a warm bath; afterwards a cathartic was given, followed by an opiate. In a few days the patient felt somewhat better. On the left side the spasms continued, but less; on the right side they had ceased. By making frictions along the vertebral column with the extract of Belladonna, the spasms were arrested, and the patient left the hospital entirely cured.

Instead of applying leeches, our practice would have been to rub the tincture of the root of Aconite upon the sensitive vertebræ. The frictions with Belladonna, and occasionally a mild cathartic would likewise have been resorted to by a homœopathic physician.

d. *Psellismus Mercurialis*, or mercurial stammering; a peculiar form of mercurial tremor.

e. *Mercurial Paralysis;* the tremor to which allusion was made just now, sometimes terminates in general palsy or in paralysis of the extremities.

f. *Epilepsy* and also *Apoplexy* from softening of the brain are mentioned by Dieterich as effects of mercury.

g. *Asthma* has likewise been caused by the fumes of Mercury. Dieterich knows of only one case of this disease; the patient was not able to walk or move without danger of suffocation.

h. *Amaurosis* is likewise said to have been caused by Mercury.

i. *Hypochondriasis*, imbecility, loss of memory.

11. *Mercurial Cachexia* or *Hydrargyrosis.* The milder grades of this disease are characterized by more copious secretions from the intestinal canal, liver and skin; the urine is turbid, the alvine evacuations are darker and thinner, greenish, the cutaneous exhalations are clammy, smell disagreeably, the epidermis becomes relaxed and withered. There is a disagreeable odor from the mouth, a general feeling of malaise, the pulse is irritated, the patient feels languid and weary. The body and face are bloated, the face looks sallow and the milk in the breasts becomes hurtful to the child.

In the higher grades of hydrargyrosis the patient becomes emaciated, the digestive functions are ruined, there is alternate diarrhœa and constipation. The hair becomes dry and falls out; the eye loses its brilliancy, the face looks pale, sunken, sallow; the nose is pinched, the wings of the nose looks greenish or bluish, the lips are shrivelled and bluish, the gums recede from the teeth, and look bluish-red; the teeth lose their enamel, turn black and drop out. The mucous membrane of the fauces and mouth looks pale, bluish, dingy, the breath is offensive, the skin feels cold and clammy, and the cutaneous exhalations have a fetid smell; the patient is troubled with watery stools, he is apathetic, loses his memory and senses, and frequently lapses into a state of imbecility. Death finally takes place, either by gradual dissolution and hectic fever, or, after a rapid increase of all the symptoms, by the destruction of all the organic tissues, or by paralysis of the brain and heart.

LECTURE XXXVIII.

How does mercury produce these distressing results? On this head a variety of opinions have been spun out by Old-School pathologists, some of which I will briefly relate to you and afterwards contrast the mercurial treatment suggested and necessitated by the derivative and counter-stimulant method of the Old-School, with the benign and health-restoring use of Mercury in the hands of homœopathic physicians.

The leading pathologists among Old-School practitioners incline to the belief that Mercury acts by absorption. Mercury has been detected in the blood where it appears to exist in such intimate combination with this vital fluid that it cannot be recognized by the ordinary tests. Destructive distillation, has in most cases to be resorted to for its detection.

Mercury has also been found in the secretions, viz.: in the perspiration, the saliva, the gastro-intestinal secretions, in the bile, urine, and in the fluid secreted by ulcers.

Solid Mercury has been found in the organic solids, viz.: in the bones, brain, synovial capsules, the pleura, the humors of the eye, the cellular tissue, the lungs. It is not known how and where the vital forces effect the reduction of the mercurial salts.

But admitting that Mercury is absorbed into the system, as it undoubtedly is, this absorption does not account for the manner in which Mercury exercises its curative influence in disease. In this respect three different opinions prevail among Old-School practitioners, the mechanical, chemical and dynamical hypothesis.

Astruc and Barry, two champions of the mechanical hypothesis, fancy that mercury acts by its weight, its divisibility, and its mobility; and thus getting into the blood, separates its globules, renders it more fluid and fit for secretion, makes the lymph thinner and overcomes any existing obstructions.

In accordance with these notions concerning the mechanical action of Mercury, pound doses were formerly resorted to to overcome obstinate constipation.

Another curious illustration of the supposed mechanical action of Mercury is afforded by the ladies of the court of Charles II. Mercury was employed by them as a means of increasing their agility in terpsichorean evolutions. They took a teaspoonful night and morning, for some time previous to a splendid fête, when they would have a fine opportunity for display. After a reiterated dancing exercise in the great saloon, lit up resplendently with a thousand burners, it was observed that numberless mercurial gems were sparkling on the floor in every direction, having dropped from the bowels of the fair ones during the agitation of their persons. On the following morning the servants made it their first business to gather up the globules, which, after being carefully washed, were sold to other customers who used them on like occasions.

The *chemical* hypothesis which was resorted to at one time in order to account for the specific action of Mercury in syphilis, has been exploded. It was supposed that Mercury acted chemically upon the syphilitic virus as acids act upon alkalies. This cannot be true, for Mercury often envenoms the syphilitic sore instead of healing it.

The adherents of the chemical theory have made great efforts to prove the modus operandi of metallic salts, and likewise of mercurial salts upon chemical principles. Attempts have been made to show that these salts without any previous decomposition, unite with the organic constituents of the gastric juice, more particularly with pepsin, with which they are supposed to form combinations of more or less easy or difficult solution, the so-called *pepsinates*. It is more especially the hydrochlorates of Mercury which, according to Pappenheim, are supposed to furnish pepsinates that are soluble in dilute muriatic acid. Attempts have likewise been made to show that most of the metallic salts combine with the albumine of the gastric juice, forming soluble *albuminates* which, when solved, may be absorbed into the general current of the circulation. It is supposed that in this way they exercise their constitutional action, and that, having been decomposed in the general current or in the excretory organs, more particularly the kidneys, they are eliminated in other combinations. Compounds which are not soluble in the gastric juice, are supposed to be removed from the organism by the intestinal canal.

The learned Dierbach demurs to this doctrine by calling attention to the fact that Mercurius dulcis or Calomel, which is entirely insoluble in the gastric juice, is nevertheless endowed with an extraordinary power of manifesting great effects. Trousseau and Pidoux are perfectly correct in concluding that the efficacy of mercurial preparations does not exclusively depend upon their solubility. The metallic mercury, calomel, the red precipitate and the iodides of mercury are all of them insoluble. Nevertheless some of them manifest extraordinary effects, and the corrosive sublimate which is perfectly soluble, is surpassed in efficacy by the biniodide of mercury which is an insoluble compound. These gentlemen are therefore of opinion that the mercurial preparations are endowed with a specific power of action which chemistry will never be unable to account for.

Those who adhere to the *dynamic* hypothesis, either class Mercury among the stimulants or excitants, or else they class it among the weakening or sedative agents. This classification is evidently incorrect, for Mercury is not a universal stimulant in the same sense as brandy, nor is it a universal sedative in the same sense as Opium. We shall see by and by that it acts either as a stimulant or as a sedative according as it is homœopathic to conditions characterized by depression, or to conditions characterized by nervous or vascular erethrism.

Whichever of these different hypotheses was adhered to, a massive dose of the drug had to be given to secure either a mechanical, chemical, stimulating or sedative effect. Pound-doses of quicksilver, and ounce-doses of calomel have been administered by the heartless salivators of the human race, under whatever flag the battle of

Mercury was fought. "The horrid spectacle," writes Dr. Heustis of Alabama, in the American Journal of Medical Sciences, vol. II., p. 42, "the horrid spectacles frequently to be seen as the consequences of the mercurial treatment are shocking to humanity and disgraceful to the profession. Even were Mercury the only alternative, that life is dearly purchased which is bought at the sacrifice of every thing that renders life desirable, the constitution broken and destroyed, the person maimed and disfigured, so that it is scarcely recognized by the unfortunate sufferer himself, who is an object of pity and horror to his friends. Deprived of their teeth, perhaps of their jaws, we sometimes see these pitiable objects with distorted features, the cheeks and palate partly destroyed by mortification, and the remaining portion cicatrized into an unsightly knot, with the mouth twisted from its natural position, drawn obliquely to the ear, and the lips and cheeks consolidated with the gums."

In another number of the Journal, vol. XIX., the same writer observes: "I have known an artificial disease produced and kept up by the daily exhibition of calomel; and because a flow of saliva was not excited, it was concluded that the medicine had not exerted its specific effect, or had not been given in sufficient quantity. It was therefore pushed further, and sloughing and mortification of the gums, cheeks and fauces, and death itself following in the train."

The distinguished Liston avowed his belief that no man ever lost the bones of his head or face by syphilis alone, and that this result was caused chiefly by Mercury.

It was reserved for the genius of Hahnemann to convert this destructive agent into a beneficent harbinger of health. Thanks to the humanizing influences of Homœopathy, even those who ridicule the minuteness of her doses, have abandoned the mammoth-doses of Mercury. Some of them have even gone further; they have repudiated calomel altogether, and have substituted the sulphate of quinine in its place. Dr. Monette avers, in the New-Orleans Medical and Surgical Journal for October, 1844, that the only case of fever he lost in a given season, was a man to whom a pupil gave a dose of calomel without his knowledge. He cures the fevers there without calomel, and others do the same thing, alleging that bilious evacuations can be secured without the use of calomel.

It would appear from this that the curing of bilious congestive fevers depends upon obtaining bilious evacuations. Such a course of reasoning shows the utter want of scientific precision in the allœopathic treatment of diseases. If it is necessary to obtain bilious evacuations, it is certain that one drug will effect this result differently from another, for the simple reason that every drug affects the organism in its own, peculiar, specific manner, and that it is therefore utterly absurd and of course impossible to use one drug for another in endeavoring to obtain some definite result. The result may be the same, but it is arrived at in a manner which is specifically peculiar to each drug, and this specific peculiarity of the general action of the drug must be in some specific rapport with the character of the existing disturbance. This view of the character of drugs and their relation to diseases is suggested by common sense,

not by homœopathic transcendentalism as the short-sighted opponents of our doctrines might seem disposed to think. Every drug is an individual, has an individual sphere of action, determines specific changes in the organic tissues and holds specific relations to those tissues in disease. What nonsense to suppose that one drug can take the place of another, and accomplish a given result under circumstances to which it is not adapted! To a clear and logical mind such allœopathic treatment in the gross must seem eminently absurd, independently of the positive law of cure by which we are enabled to determine the value of the different methods adopted by allœopathic practitioners, with undeniable accuracy. Not knowing how to use the means which God has put at their disposal, allœopathic wiseacres discard them altogether as useless superfluities or even as dangerous poisons. Let us bless the memory of him who has enabled us to repudiate the mechanical, chemical and even the dynamic hypotheses of Old-School pathologists without injuring the cause of medical truth. But if we reject all these various hypotheses, how does Mercury effect its great results as a remedial agent in the hands of homœopathic practitioners? This question we will now undertake to answer.

We have shown that the opinions entertained by Old-School physicians concerning the action of Mercury are either one-sided or entirely erroneous. The mechanical hypothesis cannot be accepted because it leads to the exhibition of Mercury in enormous doses which, by their mere weight, may cause rupture of the bowels at some tender spot, and thus prove destructive to life. The chemical hypothesis has been exploded because it is well known that Mercury, so far from curing chancre in every instance, will often, if improperly administered, irritate the ulcer and increase its malignant character. The dynamic or physiological hypothesis assumes that Mercury either stimulates or quiets the tone of the system. Neither of these views is based upon actual experimentation, but is derived from the empirical use of this drug. Thus Bishop will term Mercury a sedative, because he discovered empirically that "small doses of calomel and laudanum will arrest vomiting and purging in cholera infantum as if by a charm" (See London Lancet, January, 1850). Another calls it an antiphlogistic, because it dissolves fibrin and plastic exudations, thus performing the office of a sedative by hushing up, according to the theory, the tumult in the blood-vessels. And for similar reasons Mercury has obtained a distinguished place among stimulating or exciting agents. It has been ascertained by chance that Mercury will cause bilious stools; hence an inference has been drawn that it stimulates the bilious secretions.

These crude general notions concerning the physiological action of Mercury have been as crudely applied to the treatment of disease. If circumstances led one to infer that there was an insufficient secretion of bile, Mercury was applied to, to promote the secretion of this fluid; or if an excess of fibrin was discovered in the blood, Mercury had to perform the process of defibrination. Medicines have been given to remove effects, not causes. For, it is evident that an excess of fibrin is not the cause, but the effect of a disturb-

ance of the vital forces. Who does not see that constipation is not a cause but a result of disease? To be sure, constipation may cause secondary ailments, fulness or tightness about the head, a general sense of malaise, restless sleep, heavy dreams; these symptoms will all disappear of themselves as soon as the constipation is removed, and the main point is undoubtedly to cure this abnormal condition of the bowels. But supposing this retention of stool arises from a deficient secretion of bile, or from deficient exhalation of the mucous lining, or from atony of the muscular fibre, is it not evident that these different causes have to be acted upon, each in accordance with its specific nature? But is it proper to regard them as causes? These conditions are not causes; they too are effects. No abnormal condition can produce itself. Analyze a whole series of abnormal conditions, all depending one upon the other in regular order, and after you arrive at the first in the series, you will find that it did not produce itself, and that there must be some causative principle or force back of it. In common language we are apt to allude to this causative force in phrases like these: catching cold by sitting in a draught of air or getting the feet wet. But it is evident that a draught of air or wet feet are not the real cause of the disease; for if they were, the removal of the cause would undoubtedly be followed by the restoration of health. But we know that no cold can be cured by getting out of the draught or getting the feet dry again. Hence these conditions have been very properly termed by Old-School pathologists *causæ occasionales,* causes which simply furnish an occasion for the real cause to invade the organism. Gentlemen, there must be forces of disease, unless we prefer the doctrine that disease can produce itself. Nor is the physiological disturbance of any organ capable of developing itself without the action of these morbific forces. We believe in the reality of vital forces; we are not acquainted with their nature; we simply know that they exist from the fact that man is a living being, and that the atmospheric forces, although necessary to the existence of vitality, do not generate it. If they did, the body would not perish, nor would atmespheric air decompose it. We do not know what the nature of these morbific forces is, any more than we know the nature of the vital forces; but we do know that, if no effect can exist without a cause, no disease can exist without a corresponding cause productive of this particular disease. This seems to me plain reasoning, and, if we are desirous of curing the disease, it is this cause that we have to remove: "cessante causa, cessat effectus," if the cause ceases, the effect will cease likewise. This cause is not a material principle, in the common meaning of the term; Hahnemann speaks of it as a spiritually-dynamic principle or force, a force which is analogous to the vital force, in other words of the same order as the vital force, although opposed to it in its mode of action or results. It is then to this force that the remedial agent addresses itself. How is the removal of this force out of the invaded tissues effected? An answer to this question involves the whole doctrine of Homœopathy. To remove these forces we have remedial agents. These visible and tangible agents are the material products, the substrata of internal

principles or forces embodied in their structure. These forces are the very forces that produce disease. As a proof thereof, all we have to do is to swallow a sufficient quantity of any drug and we shall obtain the same symptoms which characterize a disturbance effected by the direct action of the morbific force upon the organism. A drug whose internal or dynamic force affects the living tissues similarly to the morbific force, is homœopathic to the disease which this force develops in the organism. It therefore acts upon this disease more directly, more thoroughly, more permanently, in one word more specifically than any other drug could do. And the result of this action is the hushing up of the natural disease, not by a process of revulsion or counter-irritation, but by virtue of an elective affinity existing between the drug-force and the morbific principle and resulting in the natural absorption, neutralization or equilibration of this principle, an absorption which manifests itself by a gradual diminution of the morbid phenomena and a corresponding return of the blissful feeling of health. It stands to reason that the qualitative relation of the drug to the disease is not the only factor concerned in the treatment, and that the quantitative relation is likewise a point of the utmost importance. We cannot offer any absolute rules on this head; all we can say is that the quantity of the dose must necessarily depend upon the character of the disease, upon the sensitiveness of the tissue, upon idiosyncrasy and upon a variety of other considerations suggested by the individuality of the case. I have thrown out numerous hints in reference to this subject, and I shall take every opportunity hereafter of elucidating this mooted point by general reasonings and by practical illustrations.

Where, at what point, in what tissue, does the mercurial remedial agent meet the morbific force? Where dose the remedial action of Mercury commence in the sick organism? These are questions of vital importance to the full comprehension of the vast therapeutic scope of this great agent.

It is not the business of my chair to teach anatomy or physiology; but how is it possible to obtain a correct knowledge of the therapeutic range of drugs and their specific mode of action, without first understanding, to some extent at least, the nature and order of the functions upon which the preservation of the organism depends? As regards Mercury, its great uses as a remedial agent can only be correctly apprehended by those who have a clear and full perception of the disorders which it inflicts upon the living economy, and of the course it takes in thus undermining the constitution.

After the food has been duly prepared for the purpose of nutrition by mastication, impregnation with saliva, and finally solution in the fluids of the stomach, what is the next stage in the mysterious mechanism of life? After the teeth, the salivary glands, and the stomach have performed their part and the process of chylification has been duly initiated, what set of vessels then comes into play to continue the operations of vitality? What are these vessels and what their functions?

It is the great lymphatic system which is entrusted with the delicate mission of absorbing food, in a suitable state of adaptation, for

the renovation of the worn-out tissues. Although I may take it for granted that you are fully acquainted with the origin, course and termination of the lymphatics, yet it may not be superfluous to offer a few general statements concerning these interesting points as this will enable me to present my explanations regarding the physiological and therapeutic action of Mercury with so much more force and clearness.

The chyliferous tubes in the small intestines are generally designated as lacteals; but there is no difference between these lacteals and lymphatic vessels properly speaking, since their anatomical structure is entirely the same.

Lymphatics like the great venous system to which the lymphatic system bears a very close resemblance, are distributed throughout every portion of the animal economy. They arise by a network of such delicate structure that, when injected with Mercury, the whole surface appears changed into a metallic layer. With these networks the lymphatic vessels communicate; in other words these networks are said to constitute the closed extremities by which all the lymphatics of free surfaces, such as the mucous, serous, and synovial membranes, the skin and the lining membranes of arteries and veins, arise.

It is in these lymphatic vessels that the chyle and lymph circulate, and are gradually conducted to their common reservoirs, the right and left thoracic ducts which discharge their contents into the right and left subclavian veins.

How is the circulation of the fluids in the lymphatic vessels maintained? This circulation is evidently independent of the heart's action, and, so far as we know, is carried on through the contractility with which the coats of the lymphatics are endowed.

For a long time it has been a mooted point whether the great lymphatic ducts in the right and left side of the thorax are the only channels of communication between the lymphatic and the venous systems; or whether the lymphatics communicate with the veins directly. Mascagni taught the former doctrine; Magendie, on the contrary, maintained that the veins likewise perform the function of absorption.

The views to which Messrs. Fohmann and Lauth were led by their researches seem to me the most plausible. They believe that beside the termination of the thoracic ducts in the subclavian veins, there are two other modes of communication between the lymphatic and the venous systems: first, a communication of the lymphatic radicles with the radicles of the veins, which is supposed to take place in the substance of organs; and secondly, a communication between the lymphatics and veins in the body of the lymphatic glands. These views, although backed by ingenious experiments and reasonings, are more or less theoretical. Indeed, considering the inadequacy of the instruments with which we have to make our investigations of the phenomena, structure and relations of the capillary system, we have as yet to content ourselves in many instances with arguments in the place of facts.

Whatever, however, may be the exact character of the bond of

union between the lymphatics and veins, one thing we know: that the functions of the lymphatic system are preliminary to those of the veins. It is in the lymphatics that the living organism begins the great process of nutrition and prepares suitable material for the tissues.

We have now arrived at the point where our doctrine of the physiological action and the therapeutic uses of Mercury becomes an intelligible formula, invested with logical consistency and fraught with important and beautiful results. It is the lymphatic system which Mercury chooses for its point of attack in the living organism, and it is in the lymphatic system that Mercury meets the inimical morbid force when called upon to combat and subdue it.

Mercury acts upon the lymphatic capillaries, as Aconite does upon the capillaries of the venous system. It diminishes, prostrates, paralyzes their irritability, producing a series of phenomena in the lymphatic system exactly similar to the phenomena which Aconite causes in the circulatory apparatus. These are phenomena of *congestion* attended with symptoms of vascular excitement similar to, and yet different from, the phenomena of vascular erethism characterizing true congestions of the sanguineous capillaries.

If we knew the exact relation between the lymphatic and venous systems, we might perhaps account for the phenomena of lymphatic erethism in a very accurate manner. But, as it is, our explanation of these phenomena cannot possibly be perfect. Nevertheless it may be rendered intelligible and sufficiently accurate for all practical purposes.

It is from the lymphatic system that the veins derive in a measure their power of manifesting vital phenomena. If the lymphatics become clogged, or, to use a more classical term, congested or engorged, must not the torpor of the lymphatic radicles react upon the radicles of the venous system? What the venous system is to the arterial, that the lymphatic system is in a measure to the veins. Torpor of the sanguineous capillaries may lead to acute congestions or inflammations. If this engorgement reaches the venous capillaries through the lymphatic system, the phenomena of congestion or inflammation are of a milder type, the accompanying fever is less acute, and the pulse instead of being full, hard, bounding and rapid, as it always is in true inflammation, preserves a certain softness and only becomes moderately accelerated.

Considering that the lymphatics are distributed throughout every tissue and organ of the animal economy, is it difficult to understand that torpor and engorgements of these vessels may lead to an almost interminable series of disorders? The character of these disorders will of course depend more or less upon the acute or chronic nature of the lymphatic engorgements.

Enlargement and induration of glands, effusions into the cellular tissue, suppurations and ulcerations of every tissue through which lymphatic vessels are distributed, and finally a universal decay of every organic structure may be the ultimate consequences of lymphatic weakness and obstructions.

Whatever derangements arise from such a condition of the lym-

phatic system, whether this condition is superinduced by sudden exposure to catarrhal or rheumatic influences or by the sudden outbreak of a hitherto latent dyscrasia, or, may be, by the syphilitic poison, Mercury will generally prove a match for such disorders. Here is the little chancre-vesicle harboring destructive poison within its delicate envelope. The lymphatics, true to their instinct of absorption, take up the poisonous principle; inflammation and ulceration are the consequence, and as one series of absorbents after another becomes infected, the little ulcer becomes converted into a phagedenic sore.

Now bring your Mercury to bear upon this plague. It too will penetrate the lymphatic capillaries, where it will meet the inimical destroyer as one of its own kindred, and by virtue of an irresistible affinity between the mercurial principle and the syphilitic miasm, hush up, absorb as it were, its enmity, and reduce the phagedenic ulcer to the proportions of a simple sore which the re-awakened energies of the vital forces will find it easy to heal.

When I think how much good might have been done by the judicious use of Mercury, my heart sickens at the awful amount of destruction which it has scattered broadcast throughout the length and breadth of our land! Under the banner of delusive theories Mercury has been used as a great solvent for all the obstructions in the delicate vessels of the organism. Solve the thickened juices; Thin the blood! Yes, thin the blood, and poison it! Impoverish this noble fluid! Render it useless for the great purposes of nutrition! What foul magic has been perpetrated by the Calomel-worshippers of the Schools? If they had been permitted, they would have converted Humanity into a bleeding carcass full of sores and wretchedness. But God be praised; the death-knell of Calomel-poisoning and Calomel-poisoners has sounded; Humanity is beginning to hear the great blast which has proclaimed the advent of a new medical Era; may the God of Truth have mercy upon those who persecute His cause!

LECTURE XXXIX.

In determining the therapeutic uses of Mercury, we may avail ourselves, to some extent, of the experience of Old-School practitioners; but we shall find that, in the matter of Mercury, the less we follow the beaten track, and the more we depend upon our own light, the more closely shall we adhere to the laws of nature, and the more blessings shall we shed upon the paths of the sick.

Indeed, of what possible use can it be to us to know the use that Mercury has been put to in the treatment of inflammations, fevers, eruptive diseases? If there is a chaos anywhere in the Old School, it is in the use of Mercury as a remedial agent. One lauds it to the skies, another condemns it as a mischievous agent. One sees perni-

cious effects from a few grain-doses of the drug; another proposes to avoid the ill-effects of Calomel by prescribing it in doses of one hundred or one hundred and fifty grains. Empiricism, arbitrary, reckless caprice, seem to have been the presiding geniuses of medicine in the sick-chambers where the Calomel-doctors offered up their holocausts to the demon of Destruction.

To the credit of humanity and common sense be it mentioned, however, that a few of the more considerate class of practitioners have repudiated the murderous doses of Calomel. Dietl, physician-in-chief to one of the public hospitals of Vienna, and who is known as one of the champions of the Expectant Method, gave Calomel with good effect in doses of one-eighth of a grain in abdominal typhus, where other physicians had deemed it necessary to administer the poison in teaspoonful doses. And even where it was desired to produce salivation, the alterative effect of Calomel most ordinarily resorted to, some of the best practitioners of the Old School have been wise enough to get along with small doses. Doctor Law divides a grain of Calomel into twelve powders, giving a powder every hour. The irritating effects of Calomel upon the gums and salivary glands show themselves after a dozen or two of these powders have been taken. Messrs. Trousseau and Pidoux pursue the same course, dividing one grain of Calomel into twenty-four powders, of which a powder, containing only the twenty-fourth of a grain, is taken every hour. "This method," say these gentlemen, "has the precious advantage of not being in any way disagreeable to the patient, of producing the mercurial infection more rapidly than the most abundant frictions with the Neapolitan ointment could do, and finally of almost always remaining within the limits that one desires to reach."

It is true that, next door as it were to where these accents of moderation and regard for the comfort of patients have been uttered, these same patients were besmeared with the mercurial ointment by Velpeau and Dubois, in quantities of from a quarter to a pound and a half a day.

Even in syphilis, a class of diseases where years of experience in every town and village of Christendom might have led to the establishment of some universally-recognized method of mercurial treatment, the manner of using this drug depends in a great measure upon empiricism and routine. Some, like Dr. Carmichæl of Dublin, repudiate the use of Mercury in primary syphilis; others, and their host is legion, drug the patient internally and externally with Mercury; some cauterize the syphilitic ulcer, others condemn this proceeding as dangerous to the constitution of the patient. Some, again, insist upon one form of Mercury, others give the preference to some other mercurial preparation. The legend of Babel enacted on a smaller scale; confusion of tongues, antagonism. What positive good there is in the history of Mercury we have a right to appropriate to our use; let us shun the evils of the past, and, in using this great agent, inaugurate for our sick brother a new era of life-saving, health-giving therapeutics.

The mercurial preparations of which homœopathic physicians make use in their practice, are:

1. *Mercurius vivus*, or the pure native quicksilver.
2. The *Black Oxide of Mercury*, known under the name of Mercurius solubilis Hahnemanni, or Mercurius oxydulatus niger.
3. The *Red Sulphuret of Mercury*, or Cinnabaris.
4. The *Red Precipitate*, or Mercurius præcipitatus ruber.
5. The *White Precipitate*, or the Mercurius præcipitatus albus.
6. The *Protochloride of Mercury*, or Calomel.
7. The *Bichloride or deuto-chloride of Mercury, Corrosive Sublimate*, or Mercurius corrosivus.
8. The *Protiodide of Mercury*, or the yellow iodide of Mercury, Mercurius jodatus flavus.
9. The *Biniodide of Mercury*, or the red iodide of Mercury, Mercurius jodatus ruber; and
10. The *Bromide of Mercury*, Mercurius bromatus.

We also use, under certain circumstances, a mercurial ointment composed of quicksilver and lard rubbed together into a homogeneous grayish mass. The ointment may be made of the protoxide of Mercury instead of the original metallic quicksilver. It is generally kept ready-made in pharmaceutical establishments.

The Germans have used a so-called *mercurial water*, obtained by boiling metallic Mercury in water, and afterwards filtering the liquid. This preparation has been used as an anthelmintic with undoubted success. The keen-witted Professor of Materia Medica in Jefferson College calls this preparation a German affair, because, after the boiling, the Mercury was found to have lost none of its weight. This learned man is evidently ignorant of the fact that drugs act by their dynamical principles, not by virtue of their material bulk, and that these dynamical principles can be weighed no more than the pestilential or marsh-intermittent fever-miasm which nevertheless is productive of death-dealing disease.

The terms "*blue-mass* and *blue-pill*" refer to a mercurial preparation obtained by rubbing together one part of the protoxide of Mercury with three parts of honey or the conserve of roses. We do not use this preparation in our practice; instead of it, but for different curative ends, we use the ordinary triturations and attenuations of Mercurius vivus and solubilis.

I shall now give you the pathogenetic or, as we have been in the habit of designating it, the physiological range and the corresponding pathological uses of Mercurius vivus and Mercurius solubilis Hahnemanni; these two preparations may be used more or less indiscriminately, with this difference, that the soluble Mercury is preferred in affections of a syphilitic origin, whereas the crude quicksilver is used in any other affections of a catarrhal, rheumatic and scrofulous character.

We may likewise state that the black oxide of Mercury owes its origin to Hahnemann. It is common quicksilver dissolved in nitric acid and afterwards precipitated from the solution by caustic ammonia.

All the mercurial preparations should be kept in darkened bottles provided with glass stoppers except the middle and higher attenua-

tions upon which the light no longer acts injuriously. We make triturations in the proportion of 1 : 10 or of 1 : 100, up to the third, or better still up to the sixth, after which the potentizing process may be continued by means of alcohol in the usual manner.

CEPHALIC GROUP.

Among the symptoms which Hahnemann has obtained in proving this drug *vertigo* occupies a prominent rank. Mercury is therefore homœopathic to

Vertigo; but upon examination we shall find that this vertigo is symptomatic of bilious derangement; it does not arise from any primary irritation of the cerebral nerves. We shall therefore find it accompanied by such symptoms of bilious derangement as generally characterize this condition: sallow complexion, dryness of the mouth, coated tongue, chilly creepings followed by flashes of heat, want of appetite, flow of water from the mouth, etc.

Headache, to which Mercury is homœopathic, is principally of a catarrhal, rheumatic and bilious order. Mercury causes a number of symptoms which may be said to constitute a group resembling

Catarrhal Headache, such as: tight feeling in the head as if something were tied round the head very firmly. Pressing in the region of the temporal bones, from within outwards. Headache close under the skull, as if the head were too heavy and tight. These and other catarrhal symptoms are accompanied by signs of mucous irritation in the nose, eyes, such as: sneezing, discharge of water from the nose, lachrymation, a feeling of chilliness.

A *Rheumatic Headache* is distinguished by similar symptoms as a common catarrhal headache, in addition to which the rheumatic symptoms are more marked, among which we distinguish such as these: tearing pains in the bones of the skull and in the scalp, the parts feeling moreover bruised; boring and stitching pains in the forehead, digging pains in the anterior parts of the head.

Rheumatic headaches are likewise accompanied by general chilliness, cold hands and heat of the cheeks; one of the provers of Mercury has recorded such a combination of symptoms.

Lachrymation is likewise present in catarrhal and rheumatic headaches, as may be seen from this symptom: "contractive headache, the head feels as if in a vice, at times the fore part, at others the back part of the head; with discharge of water from the eyes."

By a rheumatic headache we may sometimes understand

Rheumatism of the Scalp, with shivering over the scalp, a sensation as if the scalp were drawn tightly over the skull, soreness of the scalp, sensation as if the hair were standing on end. This group of symptoms sometimes requires Aconite, especially if the chill is very marked, and fever, with a hard, jerking, hurried, but not full pulse, follows after the chill. Mercurius will be found indicated, if the pulse is quicker than usual, but not very resisting, the patient looks sallow and wants to be near the fire.

Mercury causes a train of symptoms which distinctly point to

Bilious and *Bilious Congestive Headache.* We distinguish such symptoms as these: "The head feels full, as if it should be dashed to pieces. Burning pain in the whole head. Headache as if the head were encircled by a tight band. Sensitiveness of the head to noise, even to loud talking."

These symptoms characterize bilious congestive headache. In its worst form, this headache may be characterized by a pain as if the brain were on fire, with excessive sensitiveness to noise and light. During the height of the paroxysm, the face may look red and the eyes congested, with excessive thirst, and vomiting of bile. In the slighter forms of bilious headache, to which Mercurius is homœopathic, the patient may feel a violent aching pain in the whole head, with a feeling as if the brain were sore; this pain is accompanied by a copious flow of water from the mouth, nausea, vomiting of green and yellow bile, sallow complexion. Mercury, from the third to the sixth potency, may be given, though a lower trituration may sometimes be more adapted to the case. In these headaches, the bowels, as a general rule, are constipated, though bilious diarrhœa may likewise be present.

There is one form of headache to which Mercury is eminently adapted as a specific homœopathic agent; it is

Syphilitic Nocturnal Headache, with nocturnal paroxysms, which often increase to a frightful degree of intensity; hard, maddening bone-pains, as if the bones of the skull should be dashed to pieces; the patient is driven about the room by the violence of the pain. Mercurius solubilis, first or second trituration, or even higher in some cases, may be the best remedy for it, but some other mercurial preparation may have to be employed in some cases.

We may perhaps derive some advantage from the use of Mercury in

Hydrocephalus, dropsy of the brain. In a case of chronic mercurial poisoning, reported in the third volume of "Kopp's *Denkwürdigkeiten,*" (Memorabilia), and which terminated fatally, a post-mortem examination revealed effusion into the ventricles, with softening of the cerebral substance.

The mercurial cachexia, to which this patient fell a victim, had been gradually induced by exposure to the fumes of mercury, while gilding silver. The symptoms are so remarkable that I will briefly narrate them.

The first effect of the mercurial fumes was *trembling of the hands and feet,* so that the patient, a corpulent man of fifty-five years, with a delicate skin, was unable to write. This was in the year 1823. In the winter of 1824, he complained of pains in the extremities and abdominal muscles, rose with a headache every morning, was low-spirited, looked *pale* and *lost his appetite.* He was attacked with fever, sweats and a loose cough, which finally was accompanied by such acute pain in the chest that leeches were applied in order to relieve it. The leech-bites bled for upwards of twenty-four hours, and the blood seemed very thin. I may here remark, that it is one of the common effects of Mercury to thin and impoverish the blood.

In spite of treatment, the decay of the bodily and mental powers went on increasingly, he lost his memory, occasionally his mind seemed to wander, the pulse became full, tremulous, frequent; he evinced a constant disposition to lie down, inclined to *sopor, coma; muttering delirium* set in, the breath and whole body smelled foul, the fæces passed off involuntarily, and he finally died with symptoms of *apoplexy,* one side and the tongue being *paralyzed.*

Both hemispheres of the brain, especially on the left side, posteriorly, were found infiltrated with blood and streaks of coagulated lymph, as are seen in blood drawn in sub-acute diseases. This softening of the cerebral substance extended as far as the tentorium and even beyond it. In the left ventricle, a considerable quantity of water was found.

This case of poisoning is instructive to us, not only as an illustration of the deeply penetrating effects of Mercury, but we learn from it two important therapeutic facts: first, that Mercury may be useful in hydrocephalus; and secondly, in softening of the brain, or encephalomacia.

It is doubtful whether Mercury will accomplish any good in hydrocephalus, if the patients are endowed with a highly organized sanguineous system, of a plethoric habit of body and a nervous-bilious temperament. Mercurius seems to be more adapted to children of a bilious constitution, with spongy flesh, sensitive but yielding temper, easily depressed spirits, and irritable mucous membranes, that are liable to derangements from the least exposure to a draught of air, to dampness, unfavorable changes in the weather, etc. In hydrocephalus where the effusion, in the course of an inflammatory condition of the brain, sets in gradually, not suddenly, and with a paroxysm of convulsions, but as a consequence of a gradually increasing impoverishment of the sanguineous fluid in the cerebral vessels, Mercury may be found useful. Nor is it in such cases necessary to go below the middle potencies.

Encephalomacia, or softening of the brain, may possibly be favorably modified by Mercury in slow, chronic cases, resulting from continued exposure, constitutional tendency to cerebral congestions in impoverished, cachectic constitutions, venereal excesses, etc. The cerebral degeneration is attended with imbecility, fits of wandering, dull and staring expression of the eyes, sallow complexion, haggard features, tremulous, feeble, hurried pulse, desire to lie down, sopor.

NERVOUS GROUP.

We have seen that Mercury is capable of causing neuralgic pains in the extremities; the pains are fine, pricking pains apparently in the bone; also wandering pains which afterwards become seated in the knee and other joints.

The neuralgic pains to which Mercury is homœopathic, will be found to be of a rheumatic character, a species of

Neuralgic Rheumatism or *Rheumatic Neuralgia.* In rheumatic affections to which Mercury is homœopathic, symptoms of inflamma-

tion may be present, especially in the smaller joints. They may be slightly swollen, inflamed, having a pale rose-colored appearance.

The rheumatic pains to which Mercury is homœopathic, may be generalized as follows:

Bone-pains or *Dolores Osteocopi*, hard-aching pains which are felt in the long bones, especially in bones which are only covered by cellular tissue and integuments. These pains are worse in the night, when they sometimes become so intense as to drive the patient to despair. The feeling sometimes is as if the bones were crushed to atoms. These pains have their origin in the syphilitic miasm, and may be regarded as a symptom of constitutional syphilitic disease. If we have reason to suspect a complication of syphilitic and mercurial poisoning, the hydriodate of potash may be preferable to Mercury.

Stitches in the extremities when moving them;

Soreness and *bruising sensation* in the parts;

The limbs feel *heavy;*

Jerking and *twitching* in the joints;

Tearing pains from the foot to the hip-joint;

Sensation as if the soles of the feet were *in cold water,* and yet a *burning* is felt in them;

Swelling of single parts, such as the dorsa of the feet, the region around the ankles, heels, knee-joints, etc. These swellings are not of an inflammatory character, though they may feel tender to pressure, occasionally with a tearing pain, and a burning and ulcerative sensation in the swollen parts.

Among the rheumatic symptoms recorded by the provers of Mercury, there are three which I desire to point out to your attention:

Spasmodic contraction of the calf of one leg, resulting in the formation of knotty tumors;

One of the calves is very much elongated;

Oblong furrows in the calves.

I have met with a case where rheumatic exposure in the field developed these symptoms, for which Mercurius was of course the remedy; the patient was a colonel in the American army.

Rheumatic affections to which Mercury is homœopathic, are generally attended with a sense of coldness or chilliness; patients like to be near the fire, they feel thirsty, the mouth and tongue feel dry, cold water is exceedingly palatable to them. The palms of the hands generally feel dry and warmer than usual.

In the hands of Old-School physicians, Mercury has always served the purpose of an alterative agent, particularly in rheumatic and erysipelatous affections. By alteratives Old-School pathologists understand drugs which, by their peculiar medicinal action upon certain tissues or organs, are supposed to alter the character of a pathological process going on in the same or some other remote tissue or organ. It is more particularly in public hospitals, and especially in military hospitals, that experiments are instituted regarding the efficacy of certain modes of treatment, such as the Calomel, Opium, Tartar

emetic and blood-letting treatment of pneumonia, rheumatism, and other inflammatory diseases. Frank gives us a synopsis of the treatment of acute rheumatism as conducted by Dr. Faure in one of the military hospitals of France. With a view of contrasting the beautiful simplicity and efficacy of our own treatment with the complicated and expensive machinery of the treatment of diseases as carried on by the humane and philosophical Dr. Faure and his brethren, let me parade before you in a summary manner the different divisions of the grand army entrusted with the business of conquering the enemy "Rheumatism."

This army is in the first place divided into three *corps:* 1, General; 2, Local; and 3, Empirical Means.

The first corps, the General Means, is again marshalled to the attack in seven grand divisions, viz.: 1, Venesection; 2, Emetics; 3, Purgatives; 4, Sudorifics; 5, Diuretics; 6, Excitants and Tonics; 7, Narcotics.

The second corps is composed of bodies that are to operate upon special points of attack, and perform all sorts of flank-manœuvres for the purpose of harassing and diverting the attention of the enemy. These bodies are respectively designated as: 1, Topical bleedings; 2, Emollient Cataplasms; 3, Repercussiva, by which are meant drugs that are to keep the enemy down, prevent him from showing himself; 4, Compression by means of circular bandages and forced marching, probably in imitation of the provost's office who ties up refractory members and makes them walk the plank nolens volens; 5, Discutient Liniments (acetic and nitric ether); 6, Sedatives, such as Opium, Belladonna, Hyoscyamus, Camphor, the cyanuret of potassium in the shape of a liniment, or cataplasms obtained by boiling narcotic herbs and afterwards sprinkling them with Opium; 7, Excitants, such as: dry, spirituous and aromatic frictions. Among these excitants Dr. Faure numbers mustard-plasters, fly-blisters, tartar-emetic ointment blisters, the cautery, setons, electricity, acupuncture, etc. These constitute his sharp-shooters whose business it is to pick off some stray symptom, a stitch, a pain, a lameness, or some other daring fellow that has got to become a troublesome customer.

Lastly we have the third grand corps-d'armeé, which acts as the Reserve, and where we find: 1, the Antimonials, including the sulphuret of Antimony, the Kermes mineral, tartar emetic; 2, Iodine; 3, Turpentine; and 4, the Mercurials, corrosive sublimate internally and in the shape of baths, the red precipitate, cinnabar or the red sulphuret of Mercury (which is also used in the shape of fumigations), the protiodide of Mercury, etc., and mercurial frictions according to Bouchet's, Récamier's and Rust's plan.

This is the vast array of forces which Dr. Faure requires in order to subdue an enemy against whom a homœopathic physician operates with a few doses of Aconite in one case; in another with a little Bryonia; in a third with Mercury; in a fourth with a little Iodine; in a fifth with a few powders of Guajacum or Belladonna. The Doctor, it is true, fights long and fiercely, and finally retires from the field covered with the dead and dying.

You recollect that Mercury causes a trembling of the limbs. We may recommend Mercury for

Tremors, if resulting from exposure and a sudden suppression of perspiration; excessive muscular exertion, want of proper food for a length of time, or a constitutional dyscrasia may be the cause of this affection. The skin of the trembling limb feels dry, cold, the pulse is hurried, small, soft, perhaps irregular, or tremulous.

Paralysis is another nervous affection which may require Mercury. It is owing to similar causes as the trembling, continued exposure to dampness or cold, sudden retrocession of the perspiration; the limb feels cold, the adipose tissue dwindles away, the skin is dry, shrinks and peels off; the parts feel dead and numb.

Mercury also causes stammering, a species of tremor of the tongue which we have already mentioned under the name of

Psellismus Mercurialis, or mercurial stammering. An affection of this kind could probably not be reached by Mercury except under peculiar circumstances. If this stammering is a symptom of rheumatic paralysis of the tongue, attended with ptyalism, or if the stammering should have resulted from the suppression, by artificial means, of a process of ulceration in the mouth, or of an irritation of the salivary glands which should have been treated with Mercury, then Mercury will undoubtedly prove an efficacious remedy for this weakness. As regards the dose in these different classes of nervous affections, you may have to select from the 2d to the 30th potency. It will hardly ever be necessary to go above the 6th.

Syphilitic Epilepsy yields to mercurial treatment.

A shoemaker, thirty-six years old, of good constitution and leading a sober mode of life, had been subject for three years past to epileptic fits which were supposed to have been caused by two or three attacks of syphilis. He had gonorrhœa which was speedily suppressed, and was subsequently attacked with a bubo. Six months thereafter he was taken with a general feeling of malaise, derangement of the digestive faculties, restless motions during sleep which gradually increased to convulsions and real epilepsy. At first the paroxysms lasted a quarter of an hour and set in every four weeks; afterwards they came on every ten days or a fortnight. The patient was treated in Cullerier's hospital with mercurial frictions, at the rate of half a drachm each. After twenty-eight frictions in the space of sixty days, he was completely freed from his affliction. After the second friction he had a slight paroxysm; after the eighth friction, he experienced a slight chill without any convulsive motions and without losing his consciousness. For a year subsequently, the patient reported himself every month in the best possible state of health.

Messrs. Trousseau and Pidoux relate another interesting cure of syphilitic epilepsy with Mercury.

"A young English diplomate had been several times infected with syphilis. He fancied himself cured when he began to experience

epileptic vertigo, followed soon after by real epileptic convulsions. Having been treated without the least benefit by the first physicians of Paris and London, he conceived the project of destroying himself. He sought our advice. There was not a single appearance of syphilitic disease; but he had been treated for syphilis at different periods without Mercury. This induced us to believe that the syphilitic virus might possibly be the cause of the nervous disorders which had supervened in his case. We therefore subjected him to a systematic mercurial treatment, and for the last sixteen years our patient has never been troubled in the least with even a sign of epileptic paroxysms. Last year we treated a Spanish gentleman who was afflicted with syphilitic epilepsy, with equal success. The attacks came on every day."

In relating these cures, Trousseau and Pidoux observe that they do not wish to be understood as holding the doctrine that Mercury cures epilepsy; they simply wish to state that epilepsy may sometimes be owing to exostosis of the skull, to vegetations of the dura mater, or to some either appreciable or inappreciable lesion of the nervous system depending upon the venereal infection, and that it s in such cases that Mercury will cure epilepsy not by its anti-epileptic but by its anti-syphilitic virtues; in the same way it may cure mania and paralysis, if these affections depend upon the syphilitic poison. Paraplegia, hemiplegia, amaurosis and deafness have been cured by Mercury in cases where their syphilitic origin was unmistakeable.

In affections of this kind the mercurial ointment may be rubbed in along the spine, and in the region of the medulla oblongata. But before using the ointment, we would urge upon you the propriety of using the mercurial preparations internally. If mercury had been used previously by allœopathic attendants, and we have reason to suppose that the case before us is the result of a compound poisoning by mercury and syphilis, we may use the hydriodate of potash, giving about two grains of the salt every day, of course suitably dissolved and divided into two or three doses. If this treatment seems insufficient, we have to resort to other agents which affect the syphilitic virus in its secondary and tertiary manifestations, and at the same time antagonize the excessive action of Mercury; such agents are: *Asafœtida*, the *Muriate of gold*. It may be appropriate in some cases to try the middle potencies of Mercury.

A very remarkable effect of Mercury, and to which we have already alluded on several occasions, is *liquefaction* of the blood. This alteration of the blood seems connected with a general decay of the nervous functions, and we therefore range this effect of the mercurial preparations in the category of Nervous Disorders.

The blood becomes more fluid and is of a lighter color. The eyelids, face, lower extremities become œdematous, and symptoms of a general anasarca supervene. Palpitation of the heart and shortness of breath, the necessary consequences of this liquefaction of the blood, of course supervene more or less according to the con-

stitutional tenacity of resistance with which the patient may be endowed,

This increased fluidity of the blood begets a tendency to so-called passive hæmorrhages. Under the influence of Mercury old leech-bites will be reopened, and a hæmorrhage may ensue which it may be next to impossible to arrest. A similar hæmorrhage may take place from the cicatrices of wounds which had long been closed.

There are morbid conditions, where this tendency to passive hæmorrhages may be made available as an indication for Mercury. We may mention.

Purpura Hæmorrhagica, where the sanguineous effusion from the capillaries may be owing to precisely such a condition as Mercury is capable of exciting.

Chlorosis may be another condition of this kind. In a case of menstrual suppression, with œdema, a tendency to hæmorrhage from the lungs, stomach, nose or gums, or effusion into the cellular tissue, may be advantageously treated with Mercury. Of course, in selecting your drug, you will always have to consider the totality of the symptoms before you, and not prescribe in accordance with a mere pathological notion or theory.

States of *Debility* generally, characterized by passive hæmorrhage from orifices or tissues, bloating, weariness of the lower extremities, dryness of the skin or unpleasant, sour night-sweats, especially when resulting from exposure to rheumatic influences in bilious climates, may require the internal use of Mercury.

You will have to regard these broad outlines of the action of Mercury, as the prominent figure in the back-ground of a picture where the particular groups will have to be supplied by your own judgment in the course of your professional career.

LECTURE XL.

INFLAMMATORY GROUP.

Although Mercury is exhibited in diseases of an inflammatory character, yet it cannot be said to rank with Aconite in the treatment of acute inflammations. The inflammatory diseases to which Mercury is homœopathic are seldom, if ever, characterized by that full, bounding and rapid pulse which characterize acute inflammations requiring Aconite or Belladonna as their specific remedy; except perhaps in violent bilious congestive fevers or violent cases of congestive dysentery; these may require Mercury, and yet the pulse may sometimes be full, hard, bounding and considerably accelerated.

Let me recall to your attention the fact that the first or primary shock of Mercury is received by the lymphatics, and is consequently

first perceived by that portion of the sensorium which presides over the functions of the lymphatic system. You are aware that these functions consist in eliminating and furnishing a proper supply of lymph to the veins. Mercury depresses the power of the lymphatics, and, as a necessary consequence, occasions engorgements and obstructions in the lymphatic current. These engorgements and obstructions finally react upon the pulse, increasing its frequency, expanding its volume, rendering it more resisting to pressure with the finger, and generally imparting to it the characteristics of an erethic, not of a synochal pulse. We say then that Mercury cannot really be said to be homœopathic to inflammation, and that the phenomena which characterize the inflammatory process to which Mercury is homœopathic, are phenomena denoting congestion, not inflammation.

Remember then, Gentlemen, that Mercury primarily depresses the lymphatic system, and that the immediate consequence of this depression is a corresponding sluggishness or depression of the venous system which receives from the lymphatic system in a great measure its power of manifesting vital phenomena.

Necessarily, if the venous capillaries become clogged or *engorged*, as we term it, the arterial capillaries reacting against the veins, must become similarly affected, and a state of congestion is indirectly brought about where fever is present, but of a different character from the pure synocha, with full, rapid and bounding pulse. In conditions of hyperæmia, where Mercury is indicated, we shall find the pulse fuller than in its normal state, but not bounding; it is a somewhat accelerated, undulating, soft and rather full pulse. The symptoms which generally characterize an attack of sanguineous congestion, are likewise present, viz.: a chill corresponding in intensity with the functional importance of the organ, and followed by heat and dryness of the skin; thirst, coated tongue, dizziness and headache, restlessness, constipation, deep-yellow urine which has an offensive ammoniacal smell, and at times has the odor of burnt sugar. This last symptom is particularly marked, if the hepatic system, the liver and its appendages, are congested.

Considering that the lymphatic system is distributed, as far as we know, throughout every organ and tissue, we may readily see that in every part of the organism a state of congestion may arise which may require Mercury as its remedy. A congestion of this kind may be either *acute* or *chronic*. Chronic congestions are pathological conditions which we are in the habit of designating by particular names, referring more especially to some leading symptom. A chronic congestion of the head, for instance, we may designate as a "*Chronic Headache*." Chronic congestion of the lungs may be described as a "*Cough*." Chronic congestion of the bowels as "a *derangement of the bowels*," constipation at one time, and diarrhœa at another. Chronic congestion of the liver may pass under the name of "*Liver-Complaint*. These chronic congestions of organs and tissues will be indicated by their specific names as distinct groups of symptoms under their respective categories.

Acute Congestions of organs may be as numerous as there are organs in the body which are liable to such a derangement.

From the brain to the most external tissue, congestion may take place, and Mercury may be required for its removal. Some of the more important forms of this derangement may be mentioned more in detail. One feature in acute congestions to which Mercury is homœopathic, should not be lost sight of; it is this: that these congestions generally exacerbate in the evening or forepart of the night. They may consist of a series of paroxysms as it were, a paroxysm occurring once in the twenty-four hours, and separated from the succeeding paroxysm by a distinct remission of the pains and fever. Generally every paroxysmal exacerbation is ushered in by a slight chill, shiverings, chilly creepings, which are speedily succeeded by fever, heat and dryness of the skin, dryness of the mouth, thirst, restlessness, and prominence of the pains and uncomfortable sensations that characterize this peculiar congestion. It seems hardly necessary to observe that the chill is proportionate to the intensity of the congestion and to the importance of the congested organ. In congestion of the brain, for instance, the chill is much more severe than in congestion of the bowels.

The character of the congestion likewise influences the nature of the chill. The chill which marks bilious congestion, is far more searching than the chill which characterizes a simple rheumatic congestion.

The violence of the chill may likewise depend upon the more or less complete character of the intermissions. These intermissions may be so perfect as to simulate the fever and ague type, and yet the pathological process before us may be an acute congestion of some organ, which may require Mercury for its specific remedy. Nice powers of discriminations may be required in order not to confound intermittent congestions to which Mercury is homœopathic, with paroxysms of fever and ague. It is more particularly in congestions of a bilious character that these misapprehensions may occur.

Nevertheless, no careful observer will find it a difficult matter to discriminate between bilious congestions of an intermittent character and paroxysms of intermittent fever. The fever-chill is more violent, lasts much longer and is followed by a more intense fever than the chill of simple congestion. Moreover, the signs of congestion are much more localized in simple congestion than they are in fever and ague, where they may be scattered through a number of organs, affecting the heart, lungs, brain, back, bowels, whereas in simple congestion the signs of this pathological condition are circumscribed, and limited by the boundaries of the affected organ, be this organ the brain, lungs, liver, heart, bowels or any other viscus or tissue. We may likewise add that in fever and ague the intermissions may be more or less complete, whereas in acute congestions of organs the intermissions are still characterized by marked symptoms of derangement, such as loss of appetite, prostration, feeble and somewhat accelerated pulse, and abnormal sensations in the congested organ; in the brain for instance: a feeling of heaviness, constriction, dizziness; in the lungs: oppression, irritation, tightness, desire to cough with occasional paroxysms of a hacking or

spasmodic cough; in the liver: a feeling of fullness, weight, heat and aching pain; in the bowels: a sensation of soreness, fullness, heaviness, and dragging and bearing-down sensation, with constipation, or a feeling as if diarahœa should set in; in the muscular tissue: a feeling of heaviness, lameness, and a sensation as if the parts had been bruised. There cannot, therefore, be any difficulty, to an accurate observer, in distinguishing the acute congestions, with regular intermissions between the paroxysms, from intermittent fever.

Let me remind you of the fact that Aconite is eminently homœopathic to acute congestions of organs and tissues generally, and Belladonna to congestions of the brain, womb, lungs, heart, larger bowels and perhaps other organs. As far as my experience bears me out, I am inclined to assert that the intermissions in acute congestions to which Aconite or Belladonna is homœopathic, are never as perfect as they are in the case of mercurial congestions; in the case of Aconite and Belladonna, the intermissions are simple remissions of the paroxysmal exacerbations of the symptoms.

I have spoken of rheumatic and bilious congestions. Mercury may apply to either class, although the symptoms which characterize them, are not the same.

In *Rheumatic Congestions* of the bowels for instance, the bowels may feel sore and as if bruised, full sometimes even as if full of little pebbles: the least jar is painful to the muscular integuments, and motion causes a dragging, heavy feeling in the bowels. In *bilious congestion*, these feelings may exist, but perhaps more intensely; the bowels may feel as if ulcerated, with uncomfortable heat in the bowels, with stitches, pinching pains, sensation as if the bowels were hanging together loosely, a sort of cathartic feeling; bilious diarrhœa may be present.

In *Rheumatic Congestion* of the liver, the patient may complain of heaviness and fullness, hard, aching and tearing pains in the region of the liver; in *bilious congestion*, the liver feels very sore, hot, with stitches darting through the organs; the accompanying gastric symptoms are likewise more marked, the tongue is more thickly lined with a yellow and grayish coating, the taste is foul, the appetite entirely suppressed.

In *Rheumatic Congestion* of the lungs, the patient complains of oppression and a feeling of constriction across the chest; aching and tearing pains, soreness, especially when coughing; the cough comes in paroxysms, which are generally excited by an intolerable tickling in the air-passages or by a desire to remove obstructions from the lungs, mucus or feather dust that seems to fill the bronchia in the interior of the pulmonary parenchyma. In bilious congestion of the lungs, the pains are more acute; the oppression and anxiety more violent; the cough is more spasmodic; the bilious symptoms are more prominent; stitches flying through the lungs; the patient may complain of a burning distress; he looks jaundiced, the tongue shows a thick, bilious coating.

Finally, in *Rheumatic Congestion* of the brain, the pains may consist of a feeling of constriction in the head, a sensation of pressure on the

brain, aching pains in a portion or in the whole of the brain. In *bilious congestion* the brain feels constricted, and a burning distress may characterize this derangement, with intense aching and throbbing pains, and extreme sensitiveness to noise.

In a case of bilious congestion of the cerebellum, a very beautiful cure was achieved by means of the middle potencies of Mercurius. Deep in the cerebellum the patient was attacked with a pain as if that portion of the brain were spasmodically constricted. The paroxysm set in about nine o'clock in the evening and lasted until towards morning. It was ushered in by a severe chill so that the patient, although the thermometer was up to ninety degrees, had to have a fire made. The pain was so agonizing that it almost made him frantic, causing him to howl and rave, and pull his hair out. The pillow felt hard as a stone. The chill lasted from fifteen to twenty minutes, when the fever set in. The accompanying constitutional symptoms were those usually characterizing severe bilious derangements, such as: sallow complexion, dull and jaundiced eyes; foul coating on the tongue; complete loss of appetite, dry skin, extreme debility, emaciation and complete torpor of the bowels. The case was a desperate one, and several physicians were in attendance on the patient who, at one time, was reported dead. He was treated exclusively with Mercurius vivus, 12th to 18th potency, and was fully restored within about a fortnight.

In these acute congestions, we may sometimes find it necessary to use the lower preparations of Mercury, but in most cases we shall be able to get along with from the 6th to the 12th.

Beside these congestions of some of the principal organs; Mercury is in homœopathic rapport with a number of inflammatory congestions of special parts which will be mentioned in their respective categories.

ORBITAL GROUP.

Among the poisonous symptoms of Mercurius, conjunctivitis occupies a prominent rank. Hence in

Catarrhal Conjunctivitis, we shall find Mercury a capital remedy. The symptoms of this natural disease are as nearly as possible those which characterize the mercurial affection: injected appearance or suffused redness of the conjunctiva; smarting and burning in the canthi, with secretion of eye-gum and agglutination of the lids in the morning; sensation as if sand had got between the lids, or as if some sharp body were wounding and irritating the eyeball; the lids may be swollen; a flood of tears may sometimes gush from the eye. The pulse is slightly irritated, though soft, about 85 or 90.

This catarrhal irritation of the conjunctiva may become a chronic affection in consequence of mismanagement or neglect; or it may assume a chronic form at the outset, and constitute what we term

Sore Eyes, where Mercury may be an indispensable remedy, supported, perhaps, by *Sulphur, Iodine, Arsenic* or *Phosphorus*, all of which belong to the class of *antipsorics*.

You will not forget that the mercurial preparations are eminently adapted to

Syphilitic Ophthalmia, especially the soluble black oxide. This is a most destructive inflammation, where the membranes and humors of the eye are very speedily disorganized by ulceration and purulent degeneration, unless the poison is soon neutralized.

We have seen that Mercury is capable of producing inflammation of the iris and retina; this is denied by Pereira, though strongly insisted upon by some of the most experienced oculists in Europe. We therefore suggest the use of Mercury in

Iritis and *Retinitis*, more especially of the mercurial salts, the corrosive sublimate or Calomel. In these affections, the mercurial salts have always been used by allœopathic practitioners in alternate doses, upon the principle that salivation was necessary in order to carry off the morbid humors or counteract the existing inflammation by a counter-stimulant irritation of the gums and lining membrane of the mouth. If Mercury is specifically adapted to these inflammations, it will cure them without resorting to this roundabout method of treatment.

Iritis and *Retinitis* may result from the secondary action of the syphilitic virus; in all such cases, Mercurius solubilis, or one of the mercurial salts or iodides will be found indispensable.

We have a number of symptoms among our provings showing that Mercury affects the visual power of the eye. Some of these symptoms are:

Muscæ volitantes;

Complete vanishing of sight every half hour for five minutes;

Mistiness of sight;

Sensation as of a blade of grass being suspended before both eyes;

Sensitiveness of the eyes to the glare of the fire.

These symptoms show that Mercury may be useful in

Amaurotic Conditions, or in

Amblyopia, where the mercurial oxides and salts are particularly useful. If these affections flow from a scrofulous or syphilitic source, these preparations may be so much more indicated. There are several cases of cure of amaurosis reported in our books, especially cases where the patient's vision is disturbed by black points hovering before his eyes. In

Scrofulous Ophthalmia, with granular enlargements of the Meibomian glands, ulceration of the lids, profuse lachrymation and intense photophobia, Calomel or the corrosive sublimate may be eminently useful. It is sometimes possible to facilitate the curative action of the internal use of the remedy by applying a very thin layer of the mercurial ointment to the lids, or using instead of the ointment a mild wash of corrosive sublimate, of which a grain may be dissolved in two ounces of water. This solution may be applied several times a day with a very soft camel's hair pencil.

On this occasion I need not remind you of the fact that the Mercurial preparations are no panacea for scrofulous ophthalmia, for which we have already recommended Aconite, Belladonna, Arsenicum, and other drugs.

In *Granular Ophthalmia* we shall often obtain good effects from Mercury. In the acute form, Aconite and Belladonna should not be forgotten. In the chronic form the red precipitate has effected a beautiful cure in the case of Dr. Eiselt, an Austrian physician who has given us a splendid, though short proving of this agent. He took in all thirty-four grains, and one of the results of his experiments which will be communicated to you when we come to speak of this article, was the complete disappearance of a chronic inflammation and swelling of the Meibomian glands.

We likewise may recommend Mercury for

Blepharospasmus, spasm of the eyelids. Among the eye-symptoms of Mercury we find several symptoms like the following:

"Involuntary, spasmodic closing of the lids; or forcible closing of the lids, as from want of sleep."

A spasm of this kind may be the result of catarrhal exposure, a sort of vicarious substitute for inflammation.

AURICULAR GROUP.

The effects of Mercury upon the organ of hearing, and more particularly upon the internal ear, are exceedingly remarkable. We may consider them under four distinct heads, a. inflammation; b. pains; c. discharges, and d. abnormal noises.

Under the head of inflammation, we may range such symptoms as these:

"The left ear is painful as if inflamed; the meatus is likewise painful as if inflamed."

"Internally both ears feel sore and as if excoriated, the right ear being worse."

"Stitches in the inner ear, when stooping."

Hence we may recommend Mercury in

Otitis, inflammation of the ear, where Mercury is not only indicated by the particular pains, but likewise by the accompanying discharges, such as: discharge of pus from the ear, or discharge of pus and blood; and by the abnormal noises which the patient fancies he hears, such as: buzzing, fluttering and so forth. You will find all these symptoms recorded among the provings of Mercury.

In *Otitis*, to which Mercury is homœopathic, the petrous and mastoid portions of the temporal bone, and even the maxilla may be involved in the inflammatory process. The bones seem swollen, and the boring and tearing pains characterizing this inflammation are most agonizing, especially at night, when the mercurial pains are generally worse. In a case of otitis, where the patient was a scrofulous girl of fourteen, and where the inflammation had been going on for a week, with pale rose-colored appearance of the inner ear, sense of fullness in the ear, discharge of fetid yellowish pus, swelling of the mastoid process and the ascending ramus of the inferior maxilla, agonizing aching and sore pains in the inner ear,

aggravation of the pains at night, more particularly when resting the head upon a feather-pillow, buzzing and blowing noises in the ear: a cure of this distressing affection was effected by means of a single dose of the 16th potency of Mercury which the patient took in the evening.

Otalgia or *Earache*, more particularly when resulting from rheumatic exposure, with tearing pain in the ear, sensation as if the ear should be pulled out, discharge of fetid water or pus from the ear, nocturnal aggravation of the symptoms, may require Mercury.

A congestion of the lining membrane of the inner ear such as Mercury may occasion, may cause

Partial Deafness or Dysecoia, with a good deal of noise in the ears, buzzing and whizzing. Exposure to keen wind or intense cold is most frequently the cause of this affection. Mercury may be its specific remedy. Even in chronic cases, Mercury may be of use, and even necessary. In all such cases, the mercurial oxides or salts are indispensable if syphilitic complications exist.

In Casper's Journal, a case of deafness originating in syphilis, is reported, where the red precipitate effected a perfect cure. A woman of thirty-eight years was suffering with syphilitic ulceration of the fauces, and ozæna. She was treated with corrosive sublimate, and was apparently cured. Six months after this period she was attacked with deafness which grew upon her, and after having lasted some six months, became complicated with buzzing and pains in the ears. An examination did not show any abnormal changes in the external or internal parts of the ears. The ulcers and the ozæna had not reappeared; but on the lower lid of the left eye a small pustule had shown itself, which was covered with a scurf beneath which the secretion of pus was continually going on. This pustule was apparently of a syphilitic character. She was put upon the use of *Mercurius ruber* in doses of one-fourth of a grain morning and night. After having taken four grains of the drug, the gums became affected and a large, superficial ulcer developed itself on the palate. The drug was discontinued for a few days, when it was resumed without causing any further unpleasant effects. In three weeks the ulcer was healed, the pustule had dried up, and the hearing was completely restored.

There was no necessity of prescribing the red precipitate in this case in such large doses; one-tenth of a grain at a dose would have proved sufficient. It may not be out of place on this occasion to state that the red precipitate is admirably adapted to the treatment of syphilitic blotches, scurfy pimples, torpid chancres. In a case of recent syphilitic infection, where some half a dozen blotches and incipient chancres with callous edges and surrounded by hard, inflamed borders, had broken out on the lips of the vulva, the red precipitate in doses of one-tenth of a grain effected a speedy cure. In this case the medicine produced a number of the characteristic mercurial symptoms, copious ptyalism, severe gastric derangements, tormina, fever. The prescription was ordered by myself, and I am confident that a perfect cure might have been effected with much

smaller doses, say one-hundredth or one ten-thousandth of a grain, without inflicting any artificial suffering upon the patient.

NASAL GROUP.

Among the provings we find a number of symptoms denoting inflammation. One symptom, for instance, reads as follows:

"The whole of the nose, especially the left side, is swollen, red, shining, attended with itching, especially on the inside of the alæ."

Another symptom reads:

"The tip of the nose is swollen, red, itching."

Another symptom reads as follows:

"Swelling and cracking of the septum."

Again we read:

"Swelling of the left wing of the nose, as during an attack of violent catarrh."

We also have:

"Nose-bleed at different periods, and of various degrees of intensity."

And lastly:

"Scurfs in the nose, with nose-bleed."

All these symptoms are eminently characteristic of catarrhal inflammatory affections of the nose. In

Swelling and Inflammation of the Nose, with congestion of the Schneiderian membrane terminating in suppuration and ulceration; inflammation and ulceration of the septum, formation of scurfs and crusts in the nostrils, bleeding from the nose, discharge of foul-smelling, yellowish pus, we shall find Mercury a most valuable remedy, if an affection of this kind has a catarrhal origin.

Even if an acute attack of this kind is grafted upon a scrofulous condition of the organism, we may find Mercury indispensable, although it may be necessary, under such circumstances, to interpose a few doses of Sulphur.

Let us not forget that Mercury may be useful and indeed indispensable in certain forms of

Ozæna, especially in scrofulous subjects. In

Syphilitic Ozæna, with discharge of bloody, fetid ichor and destruction of the septum and turbinated bones, Mercury is indispensable.

BUCCAL GROUP.

The poisonous action of Mercury upon the lymphatics of the mouth has been described in previous lectures. We have shown you that this action results in swelling and inflammatory softening of the gums, suppuration and ulceration of the lining membrane of the cheeks, ptyalism, swelling, congestion, and ulceration of the salivary glands. In view of these marked symptoms of mercurial action, we may recommend Mercury for the different forms of

Stomatitis or *Stomacace,* or inflammation of the mucous membrane of the mouth. We find Mercury indicated in

Aphthæ of children, also termed *thrush*, an inflammation characterized by exudations having the appearance of curd and coalescing into irregular patches which, in severe cases, may give the whole mouth the appearance as if it were lined with flour. Mercury is particularly adapted to this affection, if it works its way down the œsophagus, involving the stomach and bowels, and giving rise to serious derangements of the digestive system, such as colicky pains and diarrhœa.

In *Pseudo-membranous Stomatitis*, or the diphtheritic inflammation of Bretonneau, where the inflammatory process is of a more malignant nature, often terminating in gangrene, Mercury may be found an admirable curative agent. In large hospitals where a number of children are crowded together: in foundling hospitals, for instance, this form of stomacace often proves a terrible scourge. Of one hundred and ninety-three cases observed by Dr. Valleix, one hundred and fifty-three terminated fatally. This would not be the case, if the disease were treated with specific remedies, in homœopathic rapport with the nature of this pathological process. A simple comparison of the symptoms of mercurial stomatitis with the pathognomonic signs of this disease shows that Mercury must be specifically adapted to it as a curative agent. In this disease the mouth feels hot, the breath becomes fetid, and copious streams of an ichorous saliva flow from the mouth; the flushed and swollen face and the swelling and painfulness of the submaxillary glands all point to Mercury as the material type or representative of this most distressing affection.

Another form of stomatitis is described by authors as

Follicular Stomatitis, where the disease commences with the starting up of a vesicular rash which gradually terminates in the formation of innumerable little ulcers with slightly tumefied and inflamed edges and secreting a whitish lymph. The ulcers cause a good deal of stinging pain.

This affection may become very troublesome to nursing females, and is often designated as

Nursing Sore Mouth. The severer grades of this disease may be accompanied with frontal headache, acute pains in the stomach and bowels, diarrhœa, typanitic distention of the abdomen and gradual supervention of typhoid symptoms.

In this affection Mercury may not do much, if any, good, unless the appearance of the gums, and the flow of fetid, ichorous saliva are present. If these symptoms are either absent, or at least not prominently present, and the mouth looks generally inflamed, of a deep-red color, studded with whitish, ulcerous exudations, the patient complaining of excessive heat, dryness and soreness: we have found one or two drops of the tincture of the root of Aconite in about twelve tablespoonfuls of water, to be given in tablespoonful doses at suitable intervals, an excellent remedy for this distressing trouble.

We have finally a form of stomacace well-known as

Cancrum Oris or *Gangrenous Inflammation* of the mouth. This sometimes terrific affection may resemble mercurial ptyalism and sloughing so closely that it is frequently mistaken for the latter condition. The sloughing may commence on the inner cheeks, whence

it may spread with astonishing rapidity, sometimes involving in the course of a few days the cheeks, lips, nose, tongue, palate and tonsils; or the disorganization may proceed from the periosteum of the alveolar processes when it is first seen at the edges of the gums opposite the lower incisors. Here the gums present all the appearances of mercurial poisoning; they become ulcerated, the teeth fall out, the inside of the cheeks, the lips and tongue are invaded by the sloughing process; fetid ptyalism is present, and the gangrenous disorganization even shows traces of its existence on the outside of the cheeks in the shape of gangrenous blisters which break and discharge a dark-colored fluid, followed by the formation of sloughs.

Here we have a condition of things to which Mercury is so eminently adapted on account of the homœopathicity of mercurial action to the gangrenous process that even Dr. Duncan, physician to Dun's Hospital in Dublin, has to admit the great curative virtues of Mercury. In one of his articles on the subject, the Doctor attempts to show that Mercury may be advantageously used in this affection, which is so exceedingly analogous to mercurial sloughing. Nothing is more corroborative of the appropriateness of Mercury in cancrum oris, according to the Doctor's experience, than the fact that the sloughing, so far from getting worse under the use of Mercury, is actually controlled by this agent. "If Mercury," argues the Doctor, "were inimical to this disease, the sloughing ought to be made worse even by the smallest dose of this drug unless we choose to account for such an aggravation by the same arguments that the adherents of *similia similibus* resort to."

The doctor is no homœopath and he has evidently read something about homœopathic aggravations. However, he has remained ignorant of the fact that these old-fashioned aggravations, so far from being essential characteristics of the successful working of homœopathic remedial agents, are, on the contrary, adventitious circumstances frequently holding no sort of logical relation to the homœopathic therapeutic process.

In *Syphilitic Stomatitis,* the therapeutic uses of Mercury should not be forgotten. In this affection the ulcerative process generally proceeds from behind forwards, involving first the tonsils, the isthmus and edges of the tongue. We know that even the cartilages of the larynx may be destroyed by it. According to Ricord, this circumstance distinguishes syphilitic from mercurial stomatitis, with which it might otherwise be confounded. In mercurial stomatitis the ulceration spreads from the gums backwards. In the syphilitic form the fetor which is characteristic of mercurial sloughing, is wanting. If, in a case of syphilis, the mouth was perfectly sound previously to the Mercury being administered; and if, after the use of the Mercury, the gums become irritated, spongy, bleeding, and the breath acquires a fetid, metallic odor, we may look upon these symptoms as diagnostic signs of mercurial poisoning.

Moreover the mercurial ulcerative process spreads rapidly; it constitutes a symptom of acute hydrargyria or mercurial poisoning; syphilitic ulcerations of the mouth are essentially chronic in their

character, involving the destruction of the palatine bones and nasal cartilages, whereas Mercury destroys the alveolar processes and very frequently even the maxillæ.

In cases of stomatitis where the mercurial and syphilitic poisons together maintain the disorganizing process, we may have to resort to the hydriodate of potash, the muriate of gold or to some agent that shall antidote the combined forces of the enemy. Under homœopathic treatment, these monstrous developments need never occur.

In simple salivation, Mercury may prove a remedial agent. We may use it in

Catarrhal or *Rheumatic Ptyalism*, induced by exposure to dampness, a draught of air, and similar circumstances. Even allœopathic physicians may have to use their favorite calomel in this affection, as may be seen from the following case reported in Hufeland's Journal: "A prisoner in the penitentiary, about thirty years old, lost every day a considerable quantity of watery saliva. The parts in the neighborhood of the submaxillary glands were tumefied, but not painful. He had a very cachectic appearance. This trouble was caused by his sleeping close to a damp wall. All the means used in his case remained fruitless; a few small doses of Calomel restored him speedily and permanently. Mercury was the homœopathic remedy in the case.

Mercury affects the tongue in a very remarkable manner. The symptoms of ulceration and sloughing which we have already alluded to when describing the poisonous effects of Mercury, have been developed more analytically as it were, by systematic provings. Among these provings we find such records as these:

"The tongue is very much swollen;"

"Stinging pains in the longitudinal depression or furrow of the tongue;"

"Burning pain in the tongue, and as if it were cracked;"

"The edges of the tongue are soft, indented by the teeth, ulcerated;"

"The anterior half of the tongue is so hard that when striking against it with the knuckle, a sound is heard as when striking against wood."

In *Swelling* and *Ulceration* of the tongue, especially when owing to catarrhal causes, with ptyalism, we shall find Mercury useful.

Swelling and *Induration of the Tongue* may yield to Mercury. The tongue may exhibit a number of such hardened little tumors. A case is reported in the Edinburgh Medical Journal, where swelling and indurated tubercles in the substance of the tongue, one of which was of considerable size, were completely cured with mercury. The patient, a lady of forty-seven years, complained of lancinating pains in their indurations. The whole surface of the tongue was cracked. Occasionally some of the tubercles became ulcerated. The drug was of course given in salivating doses. The affection might undoubtedly have been removed without the gratuitous infliction of ptyalism.

In *Glossitis* or inflammation of the tongue, with high fever and full, rapid and bounding pulse, we should of course give Aconite; but in glossitis where the tongue is simply swollen, sore, with burning pain, and slight symptoms of fever, the pulse being simply somewhat accelerated and fuller than usual, but soft, Mercury will be found an adequate remedy. A condition of this kind may sometimes be induced by wounding the tongue.

A chronic swelling of the tongue is often described in the books under the names of

Glossoncus or *Exoncosis*, from the Greek "*Glossa*" (tongue), and "*onkos*" (a tumor or swelling). In allœopathic practice this affection is treated by compression and the application of astringents and narcotics. The mercurial preparations are specifically curative in such cases.

In *Ranula*, from the Latin "*rana*," a frog, so called from its resemblance to the shape of a frog, Mercury has been used with good effect. Ranula is a small, fluctuating, semi-transparent tumor under the tongue, arising from the accumulation of saliva in Wharton's duct, the excretory duct of the submaxillary gland. Of course, Mercury is only applicable in cases where the swelling is primarily owing to a dynamic affection, a depression or deficient irritability of the lymphatic capillaries; if resulting from mechanical obstruction of the duct, surgical treatment will have to be instituted.

DENTAL GROUP.

We know that Mercury affects the gums and teeth. The gums become spongy, inflamed, bleed readily; hence in

Scurvy of the gums we may recommend Mercury as a good remedy. What we have said of the different forms of Stomacace applies equally to Scurvy, which is in reality another name for a certain form of this disorganizing process.

We find Mercury indicated in rheumatic and scrofulous affections of the teeth, more particularly in

Odontalgia, when the teeth are or feel loose, elongated, sore as if ulcerated; the pains are throbbing, stitching and jerking, sometimes felt in the teeth and at other times in their roots. These pains are worse at night. The gums are swollen, sensitive and bleed readily. Gumboils may form. The pain is sometimes as if the roots of the teeth were ulcerated. There may be ptyalism, rheumatic tearing, lancing pains in the jaws.

On reading the provings of Mercury, you will find these symptoms recorded among the list.

We may likewise have to use Mercury in

Rheumatic Paralysis of the jaws, with excessive pain in the affected parts when trying to use them. The symptoms which lead us to the use of Mercury in this affection, are:

"Almost complete immobility of the jaws; he is hardly able to open them without violent pain."

We may as well here allude to the symptom:

"*Cracks, rhagades* in the corners of the mouth." An affection of this kind, if it becomes habitual, is very troublesome. We meet with it among scrofulous children; a cold may cause these rhagades to break out. They are sometimes very painful, bleed a good deal, and give rise to ulcerations. Mercury will be found, among other drugs, eminently adapted to such an affection.

PHARYNGEAL GROUP.

In affections of the fauces, Mercury serves us many a good purpose. It is principally in inflammatory affections of the different parts of the throat that Mercury finds a splendid range for its vast therapeutic powers. Let me first give you some of the leading symptoms of Mercury as recorded among our provings, and afterwards interpret them with reference to their corresponding pathological conditions.

Pain in the throat as if the core of an apple or some such sharp body were sticking there, exciting a desire to swallow, as if it had to be swallowed down. This symptom is eminently characteristic of certain forms of angina faucium;

Difficulty of swallowing; he had to press hard to get any thing down;

Sensation as if hot vapor were ascending in the throat;

The throat feels very dry; he feels an aching pain back in the throat, when swallowing; nevertheless he had to keep swallowing because a quantity of water was continually collecting in the mouth;

Stitches in the back part of the throat which dart even to the ears;

Elongation and swelling of the uvula.

Here we have a group of symptoms corresponding very accurately with

Angina faucium, Inflammation of the throat, sore throat. Angina faucium, to which Mercury is homœopathic, has the difficulty of swallowing in consequence of the *aching* pain; a sensation as if a pointed body were sticking in the throat that one is anxious to get rid of by making repeated attempts at swallowing; excessive dryness of the throat, with flow of tenacious, ropy saliva from the mouth; the back part of the throat seems lined with a glassy mucus; deglutition of soft food is less painful than swallowing mere saliva. The velum and back part of the throat look rose-colored, and portions have a dingy yellowish and injected appearance; the uvula is elongated, looks shining and of a pale-red color. The sensation as if a hot vapor were arising in the throat, is a symptom which we have very frequently met with in cases of angina faucium.

In common *Sore Throat,* or chronic angina faucium, where these symptoms occur more or less, Mercury may likewise prove beneficial.

Mercury is eminently useful in some forms of

Angina tonsillaris or *Quinsy sore throat,* with swelling and inflammation of the tonsils, or of only one tonsil; the patient may expe-

rience stitches in the inflamed tonsils which often dart along the Eustachian tube to the ear, sometimes attended with itching and creeping in the inflamed side. It is well known to you that an acute inflammation of the tonsils frequently terminates in suppuration and ulceration.

The symptoms which indicate Mercury in this affection, are these:

Ulceration of the tonsils, with acute stinging pains in the fauces when swallowing;"

"Stitching pain in the tonsils, during deglutition."

Mercury is likewise indicated in

Chronic Œsophagitis, where soreness and aching pain in the posterior regions of the throat below the larynx are prominent symptoms. In this affection Mercury is indicated by the following record:

"Aching pain in the œsophagus, in the region of the larynx, aggravated by eating and causing a sensation as if the food were gliding over an excoriated surface, with burning pains in that region."

Kopp, a distinguished physician, and one of the earliest friends of Homœopathy, mentions in his Memorabilia a number of cases of angina faucium and tonsillaris that were cured in a very short period of time with very small doses of Mercury, where the revulsive and antiphlogistic means usually resorted to by allœopathic physicians, would have kept the patient on the sick-list for ten, twelve and even more days.

The glands which discharge the salivary fluid into the mouth, viz.: the parotid, submaxillary and sublingual glands, are subject to affections to which Mercury is homœopathically adapted. They may become inflamed, swollen and indurated. Among the provings we find the following symptoms recorded:

"Painful swelling of the submaxillary and parotid glands, so that it is impossible to open the jaws without suffering much pain;"

"Swelling of the parotid gland, with burning-aching pain in the gland, passing off in the cold and returning in warmth."

Swelling and inflammation of these glands, may take place in consequence of exposure to a draught of air, keen wind, dampness.

Adenitis, under which name an inflammatory swelling of glands is described in the books, may be attended with inflammatory fever; in this case Aconite may have to be prescribed first. If Mercury is the homœopathic agent, we shall find the gland of a pale rose-colored appearance, with a feeling of soreness and heat through the gland, and a mild form of erethic fever, the pulse being somewhat accelerated, but soft and undulating. Ptyalism may be present. The irritation may extend along the excretory duct, causing inflammation and ulceration of the orifices of these ducts in the mouth. In neglected cases

Chronic Indurations of the salivary glands may remain, for which Mercury has of course to be given.

We may mention one form of swelling and subacute inflammation of the parotid gland which is commonly known by the name of

Mumps, or more classically speaking *Parotitis*, a subacute swelling of the parotid gland which sometimes prevails as an epidemic disease among children and adolescent youths of both sexes. The swelling is of an œdematous character, sometimes involving the neck and side of the face. In many cases of mumps we get along without any treatment; in other cases we have to give Aconite, and there are cases where Mercury is eminently useful.

Regarding the dose in all acute mercurial affections of a catarrhal and rheumatic character, you will sometimes be enabled to effect a splendid cure with the middle and even higher potencies; in many cases, however, the lower potencies will be required. In syphilitic affections we have found the lowest potencies generally preferable.

LECTURE XLI.

CHYLO-POIËTIC GROUP.

MERCURY causes considerable alterations of the taste in the mouth. It causes, according to our provings, a *brassy* taste; *bitter* and *foul* taste, especially early in the morning; a *saltish* taste of every thing he eats; a *sweetish* taste. Mercury also causes a whitish coating on the tongue, and a good deal of slime in the mouth.

In regard to appetite, we find that Mercury causes a loathing of meat and a loss of appetite. The thirst is increased.

These symptoms are only important in so far as they form elements of higher groups.

Mercury causes a peculiar kind of *Pyrosis*, characterized by rising of an acrid, sweetish fluid from the stomach upwards; the tongue looks coated, the breath may be more or less affected, the appetite is impaired, there is no proper craving for food; the sweetish or acrid rising may even be accompanied by nausea and a sense of shivering.

We shall find Mercury indicated in

Waterbrash, especially when the attacks come on in the night, more or less periodically. The symptom which points to Mercury in this affection, is the following record among Hahnemann's provings: "At one o'clock in the night, a quantity of water collects in her mouth; this is accompanied by nausea; it wakes her and causes vomiting; a good deal of bitter stuff is thrown off the stomach."

Mercury causes peculiar feelings of pain and malaise in the region of the stomach which may render it a valuable agent in

Dyspepsia and *Cardialgia*. Mercury causes a burning in the region of the stomach, and especially in the pit of the stomach; after taking the least quantity of food, the stomach feels full, and as if drawn down; the patient complains of soreness in the pit of the stomach as

if an ulcer would form in this region; oppression as from a stone, even after the smallest quantity of food.

A dyspepsia to which Mercury is homœopathic, is generally attended with symptoms of liver-complaint, constipation, offensive urine depositing a brownish sediment.

The ulcerative and burning distress in the epigastric region is a symptom to which I may direct your attention even now as a characteristic indication for Mercury in jaundice.

The subject of jaundice naturally leads us to inquire into the action of Mercury upon the hepatic system. We have endeavored to show that Mercury exercises its deleterious action upon the tissues by breaking down the vital energies of the lymphatic system, and we shall now quote Wibmer in order to show that the lymphatics of the liver seem to be peculiarly liable to the action of this agent.

"In the bodies of those," says Wibmer, "who have been treated with mercurial frictions, we discover extreme emaciation; the muscles are atrophied, pale; the lymphatic glands, especially in the region where the ointment was rubbed in, enlarged; the pancreas hypertrophied and frequently of a reddish color; the liver enlarged, soft, of a black brown color; the bile thin and copious; the veins of the abdomen turgid with a thin, dark blood."

These toxicological post-mortem symptoms show that Mercury disorganizes the parenchyma of the liver, and must therefore be an agent of great power in affections of the liver with which its peculiar action is in rapport of affinity. The symptoms which we have obtained by our provings, confirm to some extent the specific relation of Mercury to the liver; although it is but just to say that these symptoms are very inadequately described. One of our provers has this symptom: "Painful pressure in the right side of the abdomen, even early in the morning, in bed." Another record reads as follows: "Pressing pain in the region of the liver, from within outwards." Again we read: "He is unable to lie on his right side, for his bowels feel sore as if they were compressed."

The probability is that "right side and bowels" in these three symptoms, refer to the region of the liver. The record of symptoms, in Hahnemann's provings, is sometimes furnished by lay-provers who were in the habit of taking extensive liberties with anatomy in describing their feelings, even as lay people do in our own country, when they extend the boundaries of their stomachs from the epigastric region down to the symphysis pubis. Referring these pains to the region of the liver, we judge from their peculiar character that they are traceable to engorgements of the hepatic parenchyma.

We have already alluded to acute congestions of the liver where the use of Mercury may become necessary. We have said that in such affections the region of the liver feels full, oppressed, sore; the patient complains of aching and pressing pains in the region of the liver, with a feeling of uncomfortable heat, embarrassed breathing; the liver may be swollen, and the patient is unable to lie on the right side.

We have already shown that in true hepatitis, whether the serous

covering or the parenchyma of the liver is the seat of the affection, Mercury is never indicated.

In *Chronic Enlargement of the Liver*, Mercury will prove useful provided the dynamic power of the drug harmonizes with the morbific principle of this hypertrophy. In order that it may be benefited by Mercury, the hypertrophy should result from some previous congestion for which Mercury was the specific remedy.

In true hepatitis, whether the serous covering or the substance of the liver is the seat of the morbid process, Mercury will never reach the case. Here Aconite must initiate the treatment. In inflammation of the peritoneal covering of the liver, the indications for Aconite are so self-evident that it is hardly possible to mistake them. The intense soreness in the right side; the stinging and lancinating pain, the burning distress, the increased temperature of the skin in the region of the liver, the utter inability to lie on the right side, the intense fever and the full, hard and rapid pulse sufficiently enlighten us concerning the necessity of using Aconite in this affection. It is only when the inflammatory process is going on in the substance of the liver, that it might possibly become difficult to discriminate between Aconite and Mercury.

Nevertheless, whenever acute inflammation is present, we shall find Aconite emphatically indicated by the character of the existing fever. If it is chronic hepatitis that you have to deal with, the totality and nature of the existing phenomena, and a history of their gradual development from the origin of the disease down to its present stage, will have to guide you in deciding either in favor of Aconite or Mercury. You may facilitate your choice by making particular inquiries into the nature of the paroxysms which may occur in the course of chronic hepatitis, on various occasions, during changes in the weather, or in consequence of exposure, a cold. In these paroxysmal exacerbations of the disease the symptoms become more distinct, and their essential character reveals itself more prominently and more forcibly to the observing reason. If the patient complains of great soreness in the right side, with stinging or shooting pains, or spasmodic constricting pains in the substance of the liver, and more particularly if this condition of things has been superinduced by the allœopathic treatment of a previous acute inflammation of the liver, we should not hesitate to give Aconite in the first or second attenuation of the root.

But if the patient complains of dull aching pains in the right side, or pressing pains, pushing pains in the liver, or seated sticking pains in certain definite and limited localities in the region of the liver, with a feeling of soreness as if ulceration might be going on in those parts, we should give the preference to Mercury.

The accompanying symptoms of bilious derangement may likewise help us in fixing our choice of a remedy. If Aconite is indicated, we may find the edges of the tongue sore and rather inflamed, the patient may complain of flashes of heat in the face and burning distress in the forehead or head; the alvine secretions are dry and of a dark-brown, blackish color. If Mercury is required,

the tongue will look pale, and may exhibit a slimy, grayish-yellowish coating; the alvine discharges are either greenish, or brown, frequently dry and without a normal admixture of the bilious pigment; or the action of the bowels may be irregular, at times very torpid and at other times resulting in the discharge of soft or even liquid bright-yellow bilious stools.

We stated that Mercury causes an ulcerative and burning distress in the episgastric region, and that the presence of this symptom in an attack of jaundice affords an indication for Mercury. Mercury is never indicated in an attack of acute jaundice, with high fever, distressing headache, excessive vomiting of bile, dark yellow color of the face and skin, black and foul-smelling urine; here Aconite is emphatically in its place. It is in

Chronic Jaundice, with moderate vascular excitement or even with feeble and slightly accelerated pulse, yellowness of the conjunctiva, and of the face and skin generally, with slightly coated tongue, constipation, pale color and dryness of the fæces, deep-yellow urine, moderate or even unimpaired appetite, that Mercury will prove a specific remedy.

We are told in Græfe's Journal that a man who was using large doses of Calomel for a chancre, was attacked with jaundice. The attending physician seemed puzzled to account for the fact that Calomel could produce jaundice and yet be such a great remedy for liver-complaint. The law "Similia similibus" sufficiently accounts for this apparent antagonism.

Our provings of Mercury show that it must be a specific remedy in certain forms of

Bilious Colic. We find that Mercury causes

"Pinching in the bowels, accompanied by chilliness and shivering."

"Cutting pains in the bowels, or intolerable pains which can only be relieved by lying down."

"Distention and hardness of the abdomen."

The bilious colic to which Mercury is homœopathically adapted, may set in in sudden paroxysms. The patient feels a horrid pinching pain at a spot in the bowels; the hands become icy-cold, the pulse is very feeble and accelerated; the pain may be so violent that the patient almost loses his senses. The attack may terminate in a discharge of bile from the bowels. An attack of this kind may also be designated as

Flatulent Colic; in such a case the attack will pass off by the emission of flatulence. Either form of colic is traceable to an abnormal action of the liver.

Mercury alters the alvine secretions in regard to frequency, composition, color and smell. You recollect that among the poisonous effects of Mercury purging was put prominently forward. Dieterich terms it "pancreatic ptyalism," because this purging seems to be induced by what superficial reasoners would term an *excessive action* of the pancreas, but which more careful observers who are not

carried away by a mere illusion of the senses, would consider as a weakness of this gland. The gland is too weak to retain the fluid which the lymphatics, true to their functional instinct, furnish it for the purpose of perfecting the process of chylification; hence the fluid escapes in proportion as a sufficient quantity of it is elaborated, giving rise to those liquid stools which Dieterich has very aptly designated as pancreatic ptyalism and which must necessarily result in the impoverishment of the adipose and other tissues.

Nevertheless, although this species of ptyalism is a symptom of decided weakness of the pancreas, on the other hand there is a truth embodied in the statement that the secretion of the pancreatic juice goes on increasingly, but not by virtue of some primary stimulation of the functional power of the pancreas, in the sense in which Old-School physiologists seem to have understood this doctrine. It is the brain, this great regulator of the functional harmonies of the organism, that taxes itself in order to repair the waste which is going on in the pancreatic gland. The vital forces are no reasoning powers. They are *instinctive forces*, obeying the law which the God of Life has impressed upon them without ever reasoning about it. In this beautiful System of Forces the brain acts like a central Reservoir from which every organ derives its power to manifest the vital phenomena characteristic of its inherent functional activity. If there is a deficiency anywhere, the brain is called upon to supply it; true to its instinct, it supplies the deficiency inordinately, thus impoverishing itself and adding to the general waste. How foolish to designate as *stimulation* what is in truth an impoverishment of the brain and must lead to an increase of the universal prostration of the functions.

Mercury not only increases the frequency of the alvine discharges, but it alters their composition, color and smell. It causes:

Bloody discharges;
Green, excoriating discharges;
Discharges of bloody mucus;
Bright-yellow and reddish discharges;
Dark-brown discharges.

These discharges may be watery, papescent, or of the consistence of cow-dung. Their smell varies; there may be very little smell, and at other times the smell may be very offensive.

In view of these well-ascertained effects of Mercury, we may recommend it for

Catarrhal Diarrhœa, with sensation as if the bowels were shaking, loosely united. One of the provers has recorded this symptom: "Sensation as if the bowels were too loose and relaxed; they seem to shake during a walk." This symptom expresses an effect such as a catarrh might have upon the bowels. The diarrhœa may be watery, with sense of heat in the bowels, distention, flatulence, pinching pain.

In *Bilious Diarrhœa*, Mercury is eminently useful. The discharges are of the character we have described, green, dark-brown, reddish, excoriating; they may be preceded by spasmodic pinching pains; the bowels may feel very sore, distended.

In acute attacks of diarrhœa, some fever, preceded by chilliness, may be present. The patient may feel thirsty, and the appetite is generally impaired. Other catarrhal and bilious symptoms, headache, foul taste, debility, heaviness of the lower extremities, slight ptyalism, waterbrash, etc., may of course be present.

Mercury is eminently adapted to certain forms of

Dysentery, especially when the discharges consist of a mixture of blood and mucus. The records show that Mercury causes all the symptoms characteristic of this disease: frequent urging, tenesmus, and the accompanying fever-symptoms, chilliness followed by flashes of heat. In inflammatory dysentery we should never lose sight of Aconite, but in bilious or congestive dysentery, consisting of frequent discharges of small quantities of blood and mucus, or mucus without blood, without much if any fever, except perhaps coldness, desire to be near the fire, although in other cases the skin may be hot and dry and the pulse full and bounding, we shall find Mercury indicated. An additional indication for Mercury is a frequent desire to urinate, with copious chalk-like sediment in the urine.

A sort of tenesmus is very apt to be present in diarrhœa, to which Mercury is homœopathic; it is an involuntary pressing, or a desire to bear down, rather than tenesmus.

Among the discharges caused by Mercury, we find this record: "Whitish-gray stools." If this symptom occurs in jaundice or liver-complaint, and the existing symptoms point to Mercury, this peculiar alteration of the alvine evacuations would of course furnish an additional indication for Mercury.

It is evident that a drug which has such a powerful effect upon the alvine secretions must be useful in

Cholera Infantum, or the common summer complaint of children. Of course, in order that Mercury should be effective in this disease, the character of the morbid action must correspond with the nature of the drug-force. At the outset of cholera infantum, the symptoms frequently indicate an inflammatory type requiring Aconite. If the stools are green, the bowels seem griped, the hands of the little patients feel cold, except the palms, which may feel warmer than usual, and we discover signs of chilliness, Mercury may be found indispensable.

In Hufeland's Journal, we find the curative virtues of Calomel in diarrhœa illustrated by the following case: A girl of eighteen months had been suffering for some time with atrophy and watery diarrhœa. Various means had been employed to stop it, but without effect. Calomel was given in doses of one-eighth of a grain every three hours. Very soon the child, who previously had been crying and moaning night and day, became quiet, slept soundly, her appetite improved, and her health was perfectly restored. For a few months she was afterwards fed on cod-liver oil. Dr. Amelung, who reports this case, informs us that, since he treated this case, he has used Calomel in doses of one-eighth or even one-sixth of a grain,

every two, three hours, or less frequently, in acute as well as chronic diarrhœa of children, with perfect success in every case.

The doctor has the frankness to admit that he is indebted for a knowledge of this use of Calomel to Dr. Kopp, one of the earliest inquirers and advocates of our system. True to his blind instincts of an empiric, he repudiates of course all connection between this use of Calomel and Homœopathy.

Kopp states, in his Memorabilia, that he uses Calomel with the best results in the diarrhœa of nursing infants, accompanied with restlessness, sleeplessness and continual crying. If the discharges are green, if the little patients express their distress by crying, Calomel, which is itself capable of causing green stools, acts so much more speedily; but, even if the stools are not green, not bilious, but light-colored, whitish, looking like stirred eggs, or if the stools are quite watery, Calomel has never failed him. He rubs down one-sixth of a grain with three grains of sugar of milk, and divides the mass into three powders, one of which he gives three times a day, making one-eighteenth of a grain at a dose. Kopp likewise administers Calomel, if the diarrhœa is accompanied with vomiting.

If nursing infants are very restless, troubled with flatulence; if they cry a good deal, and seem to suffer a good deal of pain while nursing; if they let go of the nipple, cry a spell and then resume operations; if their sleep is restless, they wake frequently and cry; and if they do not lose flesh, but gain rather, and the stools are not diarrhœic, but rather hard and green, a dose of Calomel, one-sixth of a grain, given at night, has a wonderfully quieting effect. Kopp knows of no remedy superior to Calomel under such circumstances.

This leads us to the use of Mercury in

Constipation, where Mercury will be found useless, unless this condition is depending upon, or connected with, torpor of the liver or of the pancreatic gland. Constipation may be a sequel of previous bilious or pancreatic diarrhœa. In such a case, Mercury is in homœopathic rapport with it. The bowels may not be moved more than once or twice a week; the fæces have a dark-brown or green color; they are discharged in lumpy masses or balls loosely hanging together and covered with intestinal mucus. The cul-de-sac, or pouch of the rectum, sometimes becomes a receptacle for these lumpy masses, where they agglomerate in one compact ball, the passage of which through the rectum sometimes causes a great deal of acute pain, and may even be attended with slight hæmorrhage. Sometimes the constipation is interrupted by an occasional attack of bilious diarrhœa.

Mercury causes

Soreness and *Excoriation* at the anus; hence we recommend it for this trouble which is sometimes very annoying. The anus feels sore, or as if sharp points were sticking in the parts, with continual oozing of a serous fluid having a strong and rather offensive smell. The frequent application of cold water is sometimes sufficient to cure this affection, but we may have to resort to medical treatment. Mercury is one of the remedies for this trouble.

In *Piles*, Mercury may prove useful, not bleeding piles, but discharges of mucus and serum, with swellings of the mucous membrane, feeling of excoriation at the anus, stitches through the anus.

Mercury is adapted to a state of the intestinal mucous lining which gives rise to the formation of those annoying entozoa termed *Ascarides and Lumbrici*. In selecting Mercury for this trouble, we have of course to be guided by the totality of the patient's condition, not by isolated symptoms. The formation of these parasites may be symptomatic of a general cachexia to which Mercury is homœopathic.

Mercury has the same effect upon the inguinal glands that it has upon the salivary glands. It causes *Swelling* and *Inflammation* of these glands. Several of our provers have witnessed this effect of Mercury upon their persons. If this affection arises from simple catarrhal exposure, the internal use of Mercurius vivus may soon scatter the swelling. If this swelling springs from a scrofulous dyscrasia or constitutes a *Syphilitic Bubo*, the biniodide of Mercury may be found preferable to any of the mercurial oxides or salts. If much Mercury had already been taken without affecting the swelling, the hydriodate of potash may be most suitable.

URINARY GROUP.

Among the poisonous effects of Mercury, we have noticed enuresis. Mercury, if administered in large doses, causes an increased secretion of urine. The symptoms of Mercury in the urinary range, as developed by our provings, are exceedingly remarkable. Mercury not only causes an increased and almost irrepressible desire to urinate, but it occasions the deposition of sediments which may yield very important therapeutic indications. According to the statement of our provers, the urine, under the influence of Mercury, deposits a whitish, flocculent sediment.

One record reads thus:

"Shreds and flocks of whitish mucus are passed after urination;"

Another prover records this symptom:

"The urine is at first clear, but afterwards looks whitish as if mixed with chalk."

Another record:

"The urine looks as if stirred with flour, depositing a thick sediment."

These symptoms, coupled with the fact that Mercury causes the secretion of increased quantities of a watery urine, far surpassing in quantity the amount of beverage drank, might lead us to employ Mercury in that distressing malady.

Diabetes mellitis or *Albuminuria*. It is unfortunate that no chemical analysis was made of these sediments, and that we are therefore left to guess whether the sediments were of a mucous or albuminous

character. As far as we are able to determine from existing symptoms, we have a perfect right to use Mercury in this affection, with the hope of succeeding in some cases at any rate.

Mercury has been recommended for a form of albuminuria known as *Bright's Disease.* Concerning the use of Mercury in this affection, Trousseau and Pidoux hold the following language:

"Some years ago, Martin Solon published a most interesting work on Albuminuria, where he recommended mercurial frictions and the internal use of fractional doses of Calomel with a view of modifying the chronic phlegmasia which should be looked upon as the cause of the renal degeneration that results in the secretion of albumen." Trousseau and Pidoux are not near as sanguine regarding the successful treatment of albuminuria; "while we should honor," they say, "every therapeutist who, in such a serious affection, proposes means of cure, we should not forget that respectable practitioners have not been more successful in treating this disease with mercurial preparations than in treating it with any other medicine. We, too, both in private and hospital-practice, have had to moan over the almost invariably fatal issue of a malady concerning the reality and we might add, incurability of which, modern investigations have removed all doubt. Our remarks apply of course only to the chronic form."

Mercury causes a burning and smarting in the urethra; the urine looks as if mixed with blood. This symptom may constitute a valuable indication in various fevers to which your attention will be directed when we come to speak of this group.

In *Blennorrhœa* or mucous discharges from the urethra, gonorrhœa and in

Catarrh of the Bladder, this burning may be present, accompanied with a rather frequent desire to urinate, and discharge of mucus from the urethra.

SEXUAL GROUP.

Mercury causes effects in the sexual system which make it a valuable remedial agent in a variety of affections. Let us first examine the action of Mercury upon the male sexual organs.

Mercury causes an itching of the glans, prepuce and orifice of the urethra;

Swelling and inflammation of the prepuce;

Œdematous swelling of the prepuce as if it were filled with water;

Reddish-looking vesicles on the glans, under the prepuce; they discharge a whitish-yellow, strong-smelling matter, and ulcerate; the larger ulcers bleed, and, when touched, caused a pain which seemed to affect the whole body; the ulcers were round, with inverted edges which looked like raw flesh; the bottom of the ulcers was lined with a cheesy matter.

Here we have the description of an ulcer produced by Mercury which simulates as nearly as may be the

Syphilitic Chancre, for which Mercury has for years past been

universally recognized as a specific remedy. The soluble Mercury of Hahnemann has cured hundreds and thousands of these primary chancres; in other cases the iodide of Mercury, the red precipitate or the sulphuret of Mercury may have to be used. It is a universally acknowledged fact that the mercurial preparations are specifically adapted to the nature of the syphilitic poison. It is this miasm which they neutralize or extinguish as it were, thus converting the malignant chancre into a common sore which the disembarrassed vital force of the organism will speedily heal.

In treating these local syphilitic ulcers, you should never lose sight of the general constitution. Some organisms are exceedingly sensitive to the action of the syphilitic poison which is readily taken up by the absorbent system and made the basis of an almost interminable series of most treacherous and deeply penetrating disorders. In scrofulous constitutions a combination of the syphilitic and scrofulous miasms may lead to monstrous disorganizations unless we endeavor to protect the constitution at the outset against such a calamity. This is sometimes best accomplished by the iodides, such as the iodide of Mercury, or by that admirable combination of potash and iodine, the hydriodate of potash. It is perfectly proper to use this preparation at the same time as we prescribe a more locally acting agent, the soluble mercury or the mercurial iodide.

In *Phimosis* or *Paraphimosis* when arising from a syphilitic principle, the black oxide or the mercurial salts may prove useful in controlling the syphilitic virus, in addition to which Aconite and Belladonna may be resorted to for the purpose of relaxing the spasmodic constriction. We need scarcely recall to your minds the fact that Mercury causes swelling and inflammation of the prepuce, and that it must therefore be possessed of great curative powers in affections of this organ.

Mercury causes swelling of the penis, especially at night, often accompanied with painful erections. Hence in

Œdema of the Penis, if occurring as a natural affection, or as the result of the gonorrhœal virus, Mercury may prove useful, If Mercury caused the weakness, we shall have to antidote the poison by such remedies as the case may require, the hydriodate of potash, iodine and other drugs.

Among the symptoms of Cinnabar we find this record:

"Condylomata on the prepuce, readily bleeding when touched;" hence in

Sycosis or figwarts, Mercury may prove indispensable.

We also see it stated by the provers of Mercury that this drug causes an exudation of pus behind the corona glandis, having a nauseous, sweetish smell. Hence in

Balanitis or *Balanorrhœa*, especially if arising from syphilitic poisoning, the mercurial preparations will have to be used. This may sometimes become a most distressing and even dangerous affection. The inflammatory process which is going on between the pre-

puce and the glans penis, may lead to deeply-penetrating fistulous ulcers, with profuse discharge of fetid pus accompanied by symptoms of constitutional irritation.

Mercury causes painful erections. This symptom may occur incidentally to some inflammatory or ulcerous affection of the penis for which Mercury is indicated.

Mercury has caused coldness and shrinking of the glans penis; also a sensation of coldness in the testicles. Mercury also causes a weakness of the penis, with imperfect erections. We may therefore find Mercury indicated in

Impotence when caused by abuse of the sexual organs.

We also find that Mercury causes involuntary emissions; this effect of the drug is quite prominent among the symptoms obtained by proving. We may therefore associate Mercury with

Spermatorrhœa as one of the remedial agents which may be used in this affection.

The female sexual organs are likewise acted upon by Mercury with considerable energy. It causes

"Discharge of flocks of mucus and pus from the vagina."

This symptom sometimes occurs in consequence of impure coïtion, as a sign of

Gonorrhœa; it may also exist as a symptom of scrofulosis.

Mercury likewise causes *purulent and corrosive leucorrhœa.*

It also causes inflammatory swelling of the vaginal mucous membrane, as if the vagina were raw and excoriated. Hence in

Chronic Vaginitis we shall find Mercury a valuable remedy.

Mercury causes *Prolapsus* of the vagina, in which disease this agent has therefore been employed with success by Dr. Hartmann.

Mercury causes tubercles on the lips of the vulva. Hence in

Tubercles, blotches and condylomata of the vulva, Mercury will undoubtedly be useful, more particularly if the eruption is owing to the syphilitic virus.

Mercury also causes profuse menstruation, and even metrorrhagia. We have seen in previous lectures that Mercury causes a tendency to hæmorrhage generally; it liquifies the blood, diminishes and finally destroys its plasticity, by which we understand the faculty of being assimilated to the organic tissues. If profuse menstruation or metrorrhagia to which Mercury is specifically adapted occurs, it will occur as a symptom of general weakness and marasmus which will be found to similate such a cachexia as Mercury is capable of occasioning, a cachexia characterized by œdema of the extremities, coldness, disappearance of the fatty matter, paleness of the face, expression of suffering in the features, shortness of breath, swelling of the abdomen. Mercury destroys the power of reproduction in the uterine sphere; hence the fœtus in the womb is apt to perish under the poisonous effects of this drug, and miscarriage is the inevitable consequence. Women who have taken quantities of Mercury, generally bear rickety children. Experiments have been made again,

and again by Magendie and others, showing that the emanations of Mercury destroy the germ in the eggs of animals. No embryo can live when exposed to the deleterious influences of Mercury. This condition of decay, as an element of general marasmus, may be an important indication for Mercury among a group of symptoms to which Mercury is generally homœopathic.

One of the provers of Mercury has recorded the following symptoms:

"Pain in both breasts;"

"Excessive swelling of the mammæ, especially of the nipples, which were harder than usual;"

"Periodical pain in the mammæ as if they would ulcerate."

In accordance with these symptoms, Mercury has been employed by homœopathic physicians in cases of

Sore Breasts, where it is said to have effected a speedy resolution of the swelling.

LECTURE XLII.

CATARRHAL GROUP.

In catarrhal affections, Mercury has been found an excellent remedy. Its remarkable power to affect the action of the mucous membranes, eminently fits it for the useful purpose of altering the action of these membranes in disease. Mercury causes: sneezing, discharge of water, and foul-smelling pus from the nose, swelling and inflammation of the nose. Hence we shall find it useful in

Cold in the Head, where the following symptoms prevail: sneezing, discharge of water from the nose, or discharge of a yellowish, foul pus; watering of the eyes, tightness of the head; slight chilliness.

Mercury causes hoarseness; you will recollect that among the poisonous effects of Mercury, we have described the chronic mercurial angina, a characteristic symptom of which is hoarseness, which is especially towards evening, after reading or when the patient is exposed to dampness. In

Hoarseness, sometimes even amounting to

Aphonia or loss of voice, mercury will be found indicated. It is worse in the evening; it may not be painful; the mucous membrane of the throat and larynx feels dry. The affection may be developed suddenly, in consequence of exposure to a draught of air or similar causes.

Mercury affects the lining membrane of the air-passages: hence it causes cough characterized by various kinds of pain, expectoration. It causes

A *Dry, Hacking Cough*, the paroxysms of which are excited by a tickling in the upper part of the air-passages, somewhere in the

region of the bifurcation of the trachea; the cough is of a spasmodic nature, sometimes so incessant that it may cause a loss of breath; drinking quantities of cold water or water and sugar may ease the paroxysm for the time being. It also causes

A cough with expectoration of *sweetish* or *saltish mucus.*

A tearing cough, which seems to proceed from the chest, causing a feeling as if the chest would fly to pieces, with great soreness, aching pains especially in the region whence the paroxysms seem to emanate. These paroxysms are generally worse at night. During the attack the chest feels tight and dry, as if lubrication of the mucous lining would ease the cough. Mercury has caused

Hæmoptysis or *Bloody Cough.* As much as a pound of blood has been coughed up by persons under the poisonous effects of Mercury. This fact shows that Mercury may prove useful in

Chronic Cough of a consumptive character, where the patient raises blood, complains of soreness, aching and stitching pains when coughing, raises sweetish or saltish mucus or even pus. The morbid process may be going on in the mucous lining of the bronchial tubes. Hence we might designate the affection as a case of

Chronic Bronchitis. Upon looking at our provings, we find that Mercury causes a burning in the air passages; raising of sweetish or saltish mucus and blood; paroxysms of cough, especially at night, with coldness during the paroxysm, distress for breath; soreness and ulcerative pain in the air-passages, especially during the cough; the cough may give rise to nausea, and actual vomiting.

Under the effects of Mercury, provers have been unable to swallow liquids; the liquid would be discharged by the nose after it had reached the region of the larynx on its downward passage.

This symptom frequently occurs in

Phthisis of the Larynx, in which disease Mercury may be very useful, more particularly if the affection is distinctly traceable to the syphilitic virus. The mercurial oxides, salts or iodides will have to be used. In scrofulous laryngeal phthisis, these mercurial preparations may likewise be eminently useful.

In affections of the air-passages, if of a chronic nature, the sixth up to the twelfth potency of Mercury may prove sufficient; if acute, you may have to resort to the third, second and even first centesimal trituration. In syphilitic affections of this nature the lower preparations are most generally preferable to the higher.

THORACIC GROUP.

We have already alluded to the use of Mercury in bloody cough and chronic bronchitis. The property which Mercury possesses, of causing hæmorrhage from the lungs, cough with expectoration of pus, and ulcerative pains in the chest, leads us to advise this agent in

Ulcerous Phthisis, or *Phthisis Pulmonalis* commonly termed. This affection may arise in consequence of syphilitic metastasis, after the violent suppression of a chancre. In such a case Mercury is eminently required both internally and externally. Internally the corrosive sublimate may prove the best adapted to the case; beside

which the mercurial ointment should be rubbed upon the chest in adequate quantities, not less than one drachm a day. Syphilitic ulceration of the lungs is a most destructive disease; unless the virus is counteracted by speedy and energetic treatment, of course sanctioned and dictated by reason, you cannot hope to save the patient's life.

Mercury causes dyspnœa, fits of violent oppression, suffocation. These symptoms, in connection with the fact that it renders the blood watery, favoring exudations and œdema, lead us to prescribe Mercury in

Hydrothorax, especially in scrofulous, cachectic individuals. Some homœopathic physicians have used Mercury successfully in hydrothorax arising after scarlet-fever.

FEVER-GROUP.

Mercury develops symptoms which, in their totality, simulate various forms of fever. It distinctly simulates

Catarrhal fever, the patient feels chilly, wants to be near the fire; the palms of the hands feel warm; the head aches, feels tight; the patient likes to stretch himself; the bowels are either costive, or a watery diarrhœa may exist.

Rheumatic fever, with soreness of the flesh, tired feeling, coated tongue, bad taste in the mouth, loss of appetite, thirst, sallow complexion; the fever has a remittent type, with regular exacerbations of the symptoms at night.

In rheumatic fevers, local rheumatic inflammations are frequently present. Muscles and joints may be the seat of the inflammation. A very characteristic indication for Mercury in such fevers with local rheumatic inflammations is the breaking out of perspiration on the inflamed part without any diminution of the pain or swelling.

Gastric fever, with foul, grayish slimy coating on the tongue, sallow complexion, entire loss of appetite, nausea, bad taste in the mouth, constipation, although the bowels feel soft; the urine deposits a reddish sediment. In

Bilious fever, Mercury is indicated by the yellowish, gray slimy coating on the tongue; thirst, foul taste in the mouth, nausea and vomiting of bile, constipation and distention of the bowels, dark and turbid urine having a foul smell, headache, exacerbation of the symptoms at night. The

Congestive bilious fever of warm climates, with burning pains in the forehead, excessive sensitiveness to noise and light, often finds its remedy in Mercury. The paroxysms set in in the morning after the sun rises, and abate as the sun goes down. In

Hectic or lentescent fever, Mercury will be found useful, if the patient wastes away, the fever is worse at night, and toward morning a clammy perspiration breaks out, having a fetid, sour smell.

In *Mucous fever*, Mercury plays an important part. This must necessarily be so, considering the important influence which Mercury exercises over the functional activity of the mucous membrane. In mucous fever to which Mercury is homœopathic, we shall find the tongue coated with a thick, gray or yellowish foul mucus; the taste in the mouth is unpleasant, the mouth is sticky, dry; the patient wants to moisten his mouth quite frequently; the appetite is gone; bowels inclining to bloat; they are either bound, or with occasional discharges of slimy, foul mucus; strong-smelling, dark urine; nightly exacerbation, with unpleasant sour sweats.

In these various fevers the pulse is rather full and accelerated, but not hard or jerking. In this respect the Aconite-pulse is distinguished from the pulse indicating Mercury. The Aconite-pulse is at the outset full, hard, bounding and rapid; under the effects of Aconite it is softened down and its speed is considerably slackened, though even after this change has been effected, the general character of the symptoms may still indicate Aconite. The mercurial pulse, on the contrary, is never hard and jerking, even at the outset of the treatment, except in the bilious congestive fever of southern regions, where the pulse may become rather hard and resisting during the height of the fever-paroxysm. In such cases, however, the Aconite pulse would be exceedingly jerking and bounding, and the relative degrees of intensity distinguishing the mercurial from the Aconite pulse, would still be maintained.

As regards potencies, we may use the 6th to the 12th; in violent cases the 2d or 3d.

EXANTHEMATOUS OR ERUPTIVE GROUP.

In describing the poisonous effects of Mercury, we have become acquainted with the several eruptions which Mercury causes, viz.: Eczema, miliaria, herpes of the prepuce, impetigo, itch, ulcers, etc. These different eruptions of the character of erythema, papulæ, vesicles and pustules, enable us to use Mercury with admirable effect in diseases characterized by similar appearances.

First and foremost we have the various eruptions incidental to

Secondary Syphilis, pimples, blotches, spots or maculæ, herpes. In all cutaneous affections which can be distinctly traced to a syphilitic origin, the mercurial oxides or salts will have to be employed.

But also in non-syphilitic eruptions, Mercury may prove useful. We may specifically resort to it in

Furfuraceous Herpes, with itching and burning, especially at night;

Herpes Præputialis, even when no syphilitic origin need be suspected;

Impetiginous Spots, with inflamed base, and covered with a whitish scurfy substance, exuding from the almost imperceptible vesicles which start up on the surface of the inflamed skin;

Psoriasis of the Hands, with bleeding, itching rhagades;

Tinea Capitis, with crusty ulceration of the scalp, secretion of a fetid, purulent ichor;

Vesicular Scabies, with formation of nasty looking sores which cause a most distressing itching, especially at night; the sores may not only form between the fingers, but they may likewise cover the breast, abdomen and extremities. In a case of this kind, where two fine young girls had contracted the disease in a most loathsome form by contact with other children at school, Mercurius 6th effected a speedy cure.

We have a perfect right to recommend Mercurius vivus for

Small-pox, to which the eruption which Mercury excites upon the skin, is eminently similar. In Frank's Magazine a number of cases are reported, clearly showing the homœopathicity of Mercury to small-pox. It is stated in these cases that the skin is swollen and inflamed; that red stigmata break out all over the body, covering the face, chest, abdomen and extremities; that, after a while, vesicles spring up, that these vesicles become gradually filled with a yellowish serum; that this exudation is characterized by a peculiarly fetid odor, and that the patient is moreover tormented by an intolerable stinging itching. After the eruption dries up, an universal desquamation of the epidermis takes place.

Even the preliminary symptoms correspond with the precursory stage of small-pox. The eruption is preceded by a chill, headache, nausea, excessive debility and rheumatic pains in the small of the back and extremities. The accompanying fever is very violent. Fetid ptyalism may be present, as it often is in small-pox, and the tongue, in some of these cases, looks swollen, coated, and inflamed at the edges and tip.

Is not this a tolerably faithful picture of the small-pox-disease? We have seen that tartar emetic may be regarded as a great specific for this loathsome disorder; we have another excellent remedy in Mercury. Homœopathic physicians do not resort to Mercury in this disease until the pocks are fully formed and filled with the characteristic pus. We would suggest the propriety of using Mercury at the very onset. We have shown that Mercury is homœopathic to this disease in all its stages, and it is therefore unnecessary and injudicious to delay the use of Mercury until the horrid disfiguration of the skin reveals the universal and thorough impregnation of the organism by the small-pox virus. Give Mercury in one-grain doses of the first or second centesimal trituration, repeating the dose every three or four hours; it may be useful and important to you as intelligent reformers of the healing art, to institute experiments of this kind which tend to consolidate the treatment of diseases upon a sure and universally-acknowledged basis.

In *Affections of Bones*, whether of a scrofulous or syphilitic nature, Mercury is a most useful remedial agent. In chronic swellings, *Nodes* or *Gummata*, *Caries* of bones, especially when symptomatic of tertiary syphilis, Mercury may prove invaluable. Wheresoever the syphilitic virus may have set up an ulcerative process, in the osseous

system, in cartilaginous structures, we may depend upon the mercurial preparations as reliable antidotes, unless the syphilitic and mercurial poisons had combined in developing the existing disorganizations. In all such cases, remedies have to be chosen, that counteract both the syphilitic virus and the mercurial disease.

Even in exceedingly protracted and chronic cases, Mercury may still be an efficacious means of cure. Trousseau and Pidoux furnish two illustrations of the curative virtues of Mercury in affections of the bones, which I will briefly relate to you.

"A man of fifty-two years was received at the Hôtel-Dieu in Paris in 1834. For several months past he had been paralytic. His legs, bladder, rectum and arms were completely paralyzed. He only complained of a seated pain in the hand, which he considered as rheumatic. In exploring the cervical region, we discovered a uniform swelling of the five last cervical vertebræ.

"Was this swelling due to rheumatism or to syphilis? Our patient had never had a severe attack of rheumatism. Thirty-five years ago he had contracted syphilis of which he had been cured by Mercury. We treated him with baths of corrosive sublimate, and with the protiodide of Mercury taken internally, and restored him perfectly in three months."

It seems probable that this affection was of a syphilitic nature and that on this account it yielded so thoroughly to mercurial treatment. If a swelling of this kind should occur as the result of a scrofulous diathesis, the mercurial treatment may prove inadequate to a thorough cure. Trousseau and Pidoux relate a case of this kind. A young girl of eighteen years, afflicted with paralysis, was received at the Hôtel-Dieu. She had a scrofulous appearance. An osseous swelling was observed in the region of the second, third and fourth cervical vertebræ. She was a perfectly pure girl, having never had any improper intercourse with the other sex. Under the use of sublimate baths she improved very rapidly; she also took the iodide of Mercury internally. Her paralysis and the osseous swelling improved, but after four months' treatment she left us imperfectly cured.

Mercury acts upon the synovial lining of the larger joints, where it may occasion congestion, suppuration and ulceration. We therefore have given Mercury with good effect in

Coxarthrocace, or *Morbus Coxarius,* or a similar ulcerative process affecting the knee-joints. Mercury should be given when the disease is first suspected; the lower triturations should not be employed; from the 6th to the 12th seem to be the most available range.

Mercury causes dropsical swelling of the lower extremities. In anasarca, Old-School physicians have been in the habit of prescribing Calomel in alterative doses; sometimes the suppression of the watery deposit would be followed by the breaking out of foul ulcers on the legs. If the accompanying symptoms correspond, Mercury is undoubtedly a remedy for

Anasarca of the extremities, and also for

Ascites or dropsy of the bowels, especially if the disease is connected with, or depending upon some affection of the liver. If this affection is organic, the dropsical affection may have to be removed by an operation; if it is simply functional, the dropsy is curable by treatment. Ascites where Mercury is specifically curative, is generally complicated with symptoms of jaundice, a sallow, greenish-yellowish hue, cold skin, feeble, slightly hurried pulse, scanty emission of a thick, foul-smelling urine, and constipation, with occasional passage of dry, light-colored fæces.

We have described the mercurial ulcer as a flat, spreading sore, with a spongy bottom from which blood oozes as from a sponge. In *Scrofulous Ulcers* of this description, Mercury will be found eminently useful. Sometimes the scrofulous and syphilitic miasms combine, giving rise to a most hideous and destructive sore, essentially phagedenic in its character, secreting a fetid ichor and so irritable that the least friction or even mere contact will cause it to bleed. Mercury is indispensable in such cases. It may not always be possible to get along without the external use of this agent.

An old Colonel, writes Father Hahnemann in his lesser writings, "with fair round belly," and apparently fond of the pleasures of the table, had suffered for the last forty years from ulcers all over his legs. His food consisted of the strongest and most nutritive materials, he drank a good deal of spirits, and, for several years past, he had been in the habit of taking a monthly purge. Otherwise he was vigorous. I made him keep his legs rolled up in a narrow flannel bandage, and immerse them daily a few minutes in cold water, and afterwards dress them with a weak solution of corrosive sublimate. I made not the slightest alteration in his diet; I even did not forbid the monthly purge, as he had been so constantly in the habit of taking it. In the course of a year, his legs gradually healed, and his vigor rather increased than diminished in this his seventy-third year. I watched him for two years, during which he remained perfectly well, and I have since had good accounts of his health. The legs have continued completely healed.

Mercury causes ulceration of the nails. Hence in

Whitlow and scrofulous or syphilitic ulceration of the nails, Mercury will be found useful.

Mercury also causes baldness. In scrofulosis or in diseases of the scalp,

Baldness may constitute an indication for Mercury.

SLEEP.

In diseases to which Mercury is homœopathic, the symptoms generally exacerbate in the night. Nocturnal aggravations of the symptoms constitute an indication for Mercury.

Mercury causes drowsiness in the day-time, and wakefulness at night, with restlessness, heat, disturbing dreams. This group of symptoms is therefore an indication for Mercury.

MENTAL GROUP.

It is well known that Mercury may cause mania and imbecility. In a case of craziness caused by Mercury, the patient lapped up spittle, cowdung, and did not know his own family. It also causes mania resembling mania-a-potu, with fright, hallucinations. We therefore may find Mercury useful in

Mania, Craziness and *Imbecility* as symptoms of a general cachexia of the tissues and the nervous system.

Mercury is another of those heroic agents which the discovery of the homœopathic law has changed from a destructive poison to a life-saving, health-restoring, and withal harmless instrument of the healing art. Simply by proclaiming the great doctrine that drugs typify diseases, that every true drug in the three kingdoms of Nature symbolizes or represents a corresponding disease, and that this correspondence or specific relation between drugs and their corresponding diseases has to be determined approximatively by provings upon healthy persons, of different sexes and ages, this universal and radical transformation of violent and poisonous drugs to gentle, harmless, and yet most powerful restorers of health has been effected. The great Law of Order which is penetrating more and more into every province of human thought and activity, I mean the Law of Attractive Affinity, is likewise working out the regeneration of the Healing Art. If it is not as yet universally recognized as the Divine Law of Therapeutics, it is because the minds of men are not yet prepared for this glorious baptism; it is because we too have not yet succeeded in presenting the law to our opposing brethren in all its majestic comprehensiveness and infallibility.

Are we the true and worthy representatives of our Cause? Is the love of this glorious truth burning in our hearts? Is a clear and full comprehension of this truth written upon our minds? Do we exert ourselves, to the full extent of our ability, in behalf of our Cause? Are we impressed, as earnest and good men should be, with the responsibility of our mission as the apostles of a great reform? Friends, let not the fleeting hours of youth pass away without a deep, earnest, solemn consideration of these questions. My duty to you and to the Spirit of Truth is not discharged by simply laying the facts of Homœopathy before you; I must ask you, and I now do ask you to identify your hearts and minds more and more with the great principles of our Science, universal as Nature and glorious and eternal as Heaven, a Science which knows no South, no North, no East, no West; and which, if studied with love, and apprehended in the light of Reason, will prove to be the means, in the hands of Providence, for the building up of a better and wiser Humanity.

LECTURE XLIII.

MERCURIUS JODATUS,

(*Iodide of Mercury.*)

To the exposition of the therapeutic range of Mercurius vivus and solubilis, which we have presented in our previous lectures on Mercury, we will now add a few remarks explanatory of the more specific sphere of the other mercurial preparations.

We have two combinations of Iodine and Mercury, one of which contains one element of Iodine and one of Mercury, the *protiodide of Mercury* or *Mercurius protojodatus*, or also designated as the *yellow iodide of Mercury, Mercurius jodatus flavus;* and the other, two elements of Iodine and one of Mercury, the *biniodide of Mercury*, or *Mercurius bijodatus*, or also designated as the *red iodide of Mercury* or *Mercurius jodatus ruber.*

This preparation is used in scrofulous, and also in syphilitic affections of a primary, secondary and tertiary form. The biniodide is more frequently used than the protiodide. In many cases of primary chancre where the soluble Mercury fails, the iodide effects a cure. It prevents the suppuration of a bubo by a speedy dispersion of the swelling. Allœopathic physicians frequently apply an ointment of the iodide of Mercury externally. Homœopathic practitioners do the same thing, resorting at the same time to the internal use of the drug. The ointment may consist of one grain of the pure iodide rubbed together with one drachm of lard. A quantity of ointment as big as a pea may be rubbed in morning and night. The external use, however, may be dispensed with, unless traces of inflammation should make their appearance in the swollen gland in spite of the internal use of the drug. If the inflammation and swelling persist after the ointment has been applied for a few days we may rest assured that the drug is not in specific homœopathic rapport with the disease and that some other preparation will have to achieve the cure.

The mercurial iodide is eminently adapted to the eradication of the secondary disorders which the violent suppression of a primary chancre or bubo sometimes entails upon a patient.

A man of forty years, apparently in the enjoyment of good health, had a breaking out on the forehead, hairy scalp, on certain parts of the trunk, and on the extremities. The eruption consisted of numerous, copper-colored elevations of the size of small peas and slightly covered with scaly scurfs. The patient had likewise paroxysms of violent pains in the limbs which disturbed his sleep and caused a sort of rigidity, accompanied with partial impotence, exciting apprehensions of paralysis in the patient's mind. He applied to Dr. Gibert for relief, who declared the eruption syphilitic. The patient admitted that nineteen years ago he had had a chancre;

that he had been treated with mercurial frictions, after which salivation had set in and the chancre had disappeared. Since then he had been subject to slight but transient excoriations on the inner surface of the prepuce. Three years after the cure he had got married, and himself, wife and child had always enjoyed good health, until the year 1845, eighteen years after the original infection, when he was attacked with violent, obstinate headache and irregular febrile motions which were attributed to a violent catarrh of the brain, This attack was treated with venesections, after which the present eruption showed itself. The patient's wife was attacked in a similar manner. Both were treated with a syrup of the iodide of Mercury, and their health was entirely restored in one fortnight.

The late Dr. Cook, of New York, who has written an interesting paragraph on the iodide of Mercury, recommends its use in scrofulous irritations of the air-passages, more particularly in

Chronic Bronchitis of scrofulous individuals, with heat, tickling, soreness and cough attended with expectoration of a purulent mucus, moderate fever.

Kopp informs us that he has cured

Polypus of the Nose with the iodide mercurial ointment. A man of sixty had been affected with polypus of the nose for many years. His breathing was considerably interfered with, for the polypus began to protrude from the nostrils. About the size of a pin's head of the ointment was applied to the polypus morning and evening by means of a camel's hair pencil. In eight weeks the polypus had entirely disappeared and the obstruction of the nose was completely removed.

In *Goïtre* the mercurial iodide has likewise been used with good effect. In a case reported by Kopp the ointment was rubbed in morning and night, about the size of a pea each time; the cure was completed in a very short time.

In another case of long standing, a double goïtre, impeding the breathing and materially interfering with the circulation, a portion of the ointment of the size of a small pea was rubbed in morning and night. In a very short time the goïtre had dwindled down to such a small size that all treatment was discontinued, the patient being no longer incommoded by it. Other similar cases are likewise reported.

Whenever the scrofulous and syphilitic miasms are conjointly at work undermining the constitution, the iodide of Mercury may prove a most valuable agent in counteracting their deleterious influence.

In scrofulous affections of the glands,

Chronic Swelling and Induration of Glands, even as a sequela of scarlet-fever, the iodide of Mercury has been used with good effect.

In scrofulous affections of the lymphatic system, more particularly in

Mesenteric Ganglionitis, when the lymphatic glands are swollen and hard, and the patients are frequently troubled with diarrhœa, the iodide of Mercury may afford much relief.

This agent occupies a conspicuous place among the remedies which homœopathic physicians resort to in their treatment of *Diphtheria*. Dr. H. D. Paine, of Albany, in an interesting essay on Diphtheria, published in the sixteenth number of the Transactions of the American Institute, furnishes the following indications for its use:

"As soon as the least appearance of membranous deposit was observed, or there was any swelling of the glands of the neck, the Iodide of Mercury was freely administered and generally continued until there was a complete obliteration of those symptoms. We have given it mostly in doses of the first trituration, and the effect in arresting and detaching the false membranous formation has been in many cases most gratifying."

MERCURIUS ACETATUS.

(*Acetate of Mercury.*)

This is a solution of the deutoxide or sub-carbonate of Mercury in acetic acid, the salt being precipitated from the solution by crystalization.

This preparation is not much used by homœopathic physicians.

We have a few provings of this agent which are in all respects similar to corresponding portions of the much more extensive pathogenesis of Mercurius vivus and solubilis. What few symptoms there are, seem to show a marked relation between the acetate and the urinary and sexual organs. It has been used with success in a case of tinea capitis and impetigo. We make triturations.

MERCURIUS PRÆCIPITATUS RUBER.

(*Red Precipitate.*)

This is an oxide of Mercury, obtained by dissolving quicksilver in nitric acid, from which solution the red powder is obtained by evaporation. This powder is triturated together with a little more pure quicksilver into a homogeneous mass which is dried by exposure to gentle heat, and kept for use in blackened bottles.

On various occasions, in the course of these lectures on the mercurial preparations, I have alluded to the red precipitate as eminently adapted to the treatment of secondary syphilitic affections, torpid chancres, eruptions. I will relate a few additional cases illustrative of the remarkable curative virtues of this agent.

A girl of twenty years was affected with condylomata at the anus and chancrous ulcers at the labia, on the lips and in the fauces, of which she was cured in five weeks by means of corrosive sublimate. Subsequently she was attacked with dry, itching, venereal tetter on

the hairy scalp, forehead and on the left nates, which showed a tendency to spread, and seemed very obstinate. She was put on the use of the red precipitate in doses of one-fourth of a grain morning and evening, and an ointment of the same preparation was applied externally to the eruption. After having used ten grains of the red precipitate, the eruption disappeared entirely and permanently. The gums became slightly affected.

Another interesting case is that of a girl of fourteen years, born of a syphilitic mother. For seven years past she had been affected with fetid otorrhœa, hardness of hearing, swelling of the tibia and a fetid ulcer in the nose. When she was first placed under medical treatment, we found the soft and cartilaginous portions of the nose, the roof of the mouth, the upper jaw and alveolar processes as far as the rami, destroyed; the tongue was exposed; a fetid ichor was discharged from the ears; the bodily and mental development very much retarded; symptoms of general cachexia; the animal functions normal. She was put on the use of the red precipitate in doses of one-sixteenth of a grain once, and afterwards twice, a day; in three weeks she was cured perfectly, and the hearing was likewise restored.

These two cases were extracted from Hufeland's Journal. Another case is related by Kopp. A woman of forty-nine years had been afflicted for seven years past with a seated pain in the region of the malleolus; the leg from the malleolus upwards was very much swollen and the lower portion of it stiff. During all this time the patient had been troubled with an eruption on the left arm. All this trouble had been inflicted upon her by her syphilitic husband. The red precipitate in doses of one-eighth of a grain cured her entirely and permanently. Kopp saw her five years after, when she still enjoyed the best of health.

In the fifty-fifth volume of Hufeland's Journal, we find the following case of poisoning of a female in the seventh month of pregnancy, who, by mistake, had taken as much of the red oxyde as would cover the point of a knife: Nausea, vomiting, oppression of the chest, pains in the stomach and whole abdomen: afterwards violent vomiting of blood, with subsequent fainting; after this, the patient was attacked with a copious diarrhœa and intolerable pains in the abdomen, with burning in the mouth and throat, and unquenchable thirst. On the third day: trembling of the whole body, excessive redness of the whole face and eyes, staring and wild looks, and ptyalism, with a specific and intolerable smell. She vomited twice a quantity of blackish blood; the gums were swollen and inflamed, the tongue was so big that it filled the whole cavity of the mouth and seemed perforated in several places; the buccal cavity itself looked as if covered with the outer crust of decayed cheese. The larynx was swollen as much as the mouth, and was even inflamed externally; the pulse was quick, small and rather hard. The abdomen (otherwise distended by pregnancy) was swollen unto bursting, and so sensitive that the patient was unable to bear the least touch. The patient did not feel the movements of the fetus the whole day. Stomacace of the highest degree of intensity; there were two holes

in the tongue, into which a finger might be inserted. The teeth were scarcely visible on account of the swelling of the gums and sordes.

By administering suitable antidotes, more particularly the sulphuret of potassium, of which an ounce was boiled in half a quart of water, to be given in cupful doses every half hour; and by the use of mucilaginous drinks and antiphlogistic means, the patient was restored, and was afterwards delivered of a healthy child.

These symptoms of poisoning resemble the symptoms caused by the black oxide and the common quicksilver, except that they may surpass the latter in intensity. We may infer from this and other cases of poisoning by the red precipitate, that in

Stomacace of a malignant and very foul character, this agent may be very useful.

In *Colic, bilious* and *inflammatory,* characterized by vomiting of bile and blood, horrid tormina, internal trembling, spasms, cold sweat, dreadful tympanites, unquenchable thirst, the red precipitate may prove an admirable remedy.

On a previous occasion I have alluded to the provings of Mercurius ruber, which have been instituted by Dr. Eiselt. I stated at that time that an inflammation of the Meibomian glands, with which the Doctor had been afflicted for several years, had disappeared under the effects of this agent.

Another remarkable symptom elicited by the Doctor, is "painful colic accompanied with constant urging to stool which went on increasing in violence, spread through the whole of the intestines, and especially in the anus, caused a sensation *as if a red-hot iron were pushed up and down.* In spite of the violent tenesmus, only a little reddish blood was passed with cutting burning. Nausea and burning distress in the stomach supervened likewise.

This group of symptoms shows that in

Bilious Dysentery, the red precipitate may prove a specific remedy.

In the treatment of old

Ulcers with hard, callous edges, secretion of fetid ichor and formation of bloody crusts, the red precipitate has effected fine cures. In Græfe's Journal several cases are reported, where such ulcers which had arisen from injuries, were speedily cured, even after they had existed for years, by the application of thin layers of the red precipitate ointment spread on soft lint. If these ulcers are seated on the leg, it may be indispensable to keep the leg quiet and in a horizontal position.

MERCURIUS PRÆCIPITATUS ALBUS,

(*White precipitate.*)

This salt is obtained by dissolving corrosive sublimate, from which solution the salt is precipitated by the addition of liquid ammonia.

This preparation has very irritating properties. It is sometimes used for the purpose of irritating a very torpid chancre, after which the ulcer becomes more susceptible of the curative influence of Mercury administered internally.

A case of poisoning by this salt is reported in Frank's Magazine, which terminated fatally. Forty grains of the white precipitate were swallowed by mistake for Magnesia. Beside the usual symptoms of poisoning by corrosive mercurial salts, such as: vomiting, purging, burning in the œsophagus, and horrid thirst, the patient was attacked with contraction of the muscles, especially of the lower extremities, down to the toes; contraction of the hands and fingers; excessive dryness of the skin in the palms of the hands and soles of the feet; increasing paralysis of the muscles and gradual death about a week after the poisoning took place.

CINNABARIS,

(*Red sulphuret of Mercury.*)

We obtain this preparation artificially by subliming together six parts of pure Mercury and one part of refined Sulphur. The native cinnabar is not sufficiently pure for homœopathic use.

The middle potencies of Cinnabar have been used in *Chronic Gonorrhœa*, and the lower triturations in cases of *Chancre of the Glans.*

MERCURIUS DULCIS,

(*Proto-chloride of Mercury, Calomel, submuriate of Mercury.*)

This preparation is obtained by making a solution of nitrate of Mercury in sixteen parts of water, and precipitating the chloride from this solution by gradually adding a solution of one part of common salt in nine parts of water.

This mercurial salt has been most commonly used by allœopathic physicians as an alterative agent. It has been used as a means of exciting salivation or diarrhœa, and thus diverting the morbid process that was going on in other tissues. In the course of these lectures I have dwelt so extensively upon the destructive results of the abuse of calomel in the hands of Old-School physicians that I need not, on this occasion, still further darken this mournful picture of human ignorance and recklessness.

The idea of "*alterative action*" is a good one. We see this idea illustrated in disease, when nature sets up a diarrhœa with evident relief of an irritation in the throat or head; or develops a rash with relief of pain in the extremities, or oppression on the chest. Alterative action may take place the other way: A rash may strike in, and develop effusion in the cerebral ventricles, spasmodic asthma, paralysis. Allœopathic physicians have undertaken to copy nature by

setting up the alterative system of treatment. Unfortunately they copy most bunglingly. It is undeniable that in simple, uncomplicated cases, artificial alterative action may sometimes afford permanent relief. Who does not know that bilious feelings in the head; a fullness and heaviness of the head, dull aching pains in the head, have been relieved by a dose of salts acting upon the bowels? Who does not know that the irritation which a mustard-plaster excites in the epigastric region, has relieved the pain and irritation in the stomach, incident to a fit of indigestion?

The great sin, of which allœopathic physicians have rendered themselves guilty from time immemorial is to erect a compact system of treatment upon such a fallacious basis.

Your friend had been keeping late hours, tasted a little more champagne than usual, and awakes in the morning with his head feeling rather dull and tight. He sends for you, complains of his distress and informs you that he used to relieve himself of such a trouble by drinking a glass of Seltzerwater, but that now, since he got to be a homœopathist, he is all afloat and ignorant of what course he ought to pursue. Would you put him through a regular course of Nux for the honor of the institution, or would you not rather advise him to pursue his accustomed method of clearing the head by imbibing a little carbonic acid gas? Where is the harm? Is truth injured by such a proceeding? Is the dignity of Homœopathy tarnished by it? A case of this kind is hardly a case for medical therapeutics.

Far different would be your course in a case of chronic sick headache. Here the use of alterative palliatives would be improper, for they would not only not remove the trouble, but they might likewise weaken the amount of constitutional sensitiveness to proper treatment, and besides inflict some artificial medicinal derangements upon the organism. Where has the consistent abuse of the alterative method led the infatuated practitioner? To the most outrageous violations of Nature's laws. For the ostensible purpose of relieving pain, he blisters and burns the living tissues, converting the healing art into a satanic mockery.

The sialogogue and cathartic properties of calomel have been more particularly resorted to for the purpose of altering the course and nature of the morbid process. In a case of dropsy, for instance, salivation is excited for the purpose of carrying off the effused fluid. This is what is meant by alterative action. One pathological process is substituted for the original morbid condition. The disease is not cured, the pathological process is simply altered in its character, an artificial, medicinal irritation being substituted in the place of the original malady. What a vague, uncertain and frequently dangerous proceeding! How often does the original malady remain unaltered, and is moreover complicated with an artificial disease! And how often does this artificial malady prove a devastating scourge which remains entailed upon the constitution until death wipes out all traces of this unpardonable destruction of human power and happiness. Calomel must alter the pathological process. If five grains will not do it, ten must, and if ten will not it, we will

try fifty or an hundred. This is the law, not the law of nature, but the law of human pride and professional infatuation. In the Latin of old Juvenal: "*Sic volo, sic jubeo, stet pro ratione voluntas!*" Thus I will try it, this is my command, let my will stand in the place of common sense!

As examples of the alterative action of calomel in the hands of Old-School physicians, we may mention the use of Calomel.

1. In hydrocephalus, which disappeared and was speedily followed by enteritis terminating in gangrene;

2. In croup; a boy of fifteen months was given nine grains of calomel in three days; no membrane was formed; there was simply expectoration of a puriform, tenacious substance; bilious diarrhœa set in for eight days; in the second week the mesenteric glands became hard and swollen, so that they could be distinguished one from the other; several weeks after, the child died of tabes meseraica;

3. In dropsy, which disappeared; in its place foul sores broke out upon the legs.

In the hands of a homœopathic physician, calomel is an excellent mercurial preparation. We may make triturations of it, in the decimal or centesimal scale, and we may use it in syphilitic and scrofulous affections. It is especially in derangements depending upon functional or organic disorders of the liver that this agent may prove useful; such as:

Ascites;

Mucous, Watery and *Bloody Stools,* with tenesmus and piles;

Cholera infantum, colic and restlessness of nursing infants.

Constipation, the discharges being dark-green, or brown, or lumpy, or fæcal masses composed of a number of little balls slightly cohering by means of intestinal mucus; or

Partial Constipation, the first part of the discharge being solid, and the latter half thin, watery.

In this form of constipation a discharge is apt to be preceded by spasmodic, griping, twisting, bilious pains.

Kopp recommends Calomel for the colic and restlessness of children when the discharges are preceded by crampy, cutting pains; the stools may be watery, or bilious, greenish, or the bowels may be constipated.

In Hufeland's Journal, vol. 91, the use of calomel in the *Diarrhœa of children,* is strongly recommended by Dr. Amelung. In the case of an atrophied little girl of eighteen months, who was suffering with watery diarrhœa which had been fruitlessly treated with a number of remedies, one-eighth of a grain of Calomel was finally given every three hours. The child who heretofore had cried and moaned day and night, became quiet, slept, her appetite returned, and she became a blooming little girl. Since then Amelung has employed the drug in numberless cases of watery, and greenish bilious diarrhœa with perfect success.

He has the candor to admit that he is indebted for this use of Calomel to Kopp, although he repudiates Homœopathy, and thinks that Kopp may have accidentally stumbled upon this use of Calo-

mel. Yet Amelung, and all other allœopathic physicians who use Calomel for this diarrhœa of children, know perfectly well that it produces this very condition in children or full grown persons in a state of health. Amicus Pluto, amicus Aristoteles, sed magis amica veritas! Calomel may prove useful in

Angina Putrida or *Putrid Sore Throat*, with livid ulcers, foul smell and bleeding from the mouth, scraping, burning pain in the throat, hoarseness. Also in

Glandular Swellings which Calomel has caused in many cases.

In *Salivation*, in the common *Stomatitis of children* (thrush), it may be used in preference to other mercurial preparations. In Hufeland's Journal we find the following pretty cure of a case of ptyalism recorded by an allœopathic physician: A man of thirty years had been sleeping against a damp wall. The consequence was that his face, especially in the region of the submaxillary glands became œdematous, and he lost every day a large quantity of watery saliva. All the remedies employed were without effect. A few grains of Calomel a day cured him in a few days. Yet Calomel causes swelling of the submaxillary glands and ptyalism. The first and second trituration might have been sufficient to effect this cure.

We will not close this chapter on Calomel without instituting an inquiry into the validity of its claims as a stimulator of the liver.

In Old-School therapeutics, Calomel has held this position for years without its claims to it having ever been questioned. Gentlemen, let me here repeat to you what I have said in different ways on many other occasions. What is it that distinguishes the Homœopathic from the Allœopathic School as far as a perception of the nature of drugs is concerned? It is the distinction which Homœopaths draw between drugs and aliments. This distinction has been overlooked by allœopathic physicians. It may seem strange to you to hear me assert such an apparent absurdity; for certainly no allœopathic physician, if questioned about it, would not be willing to admit that there is a vital difference between Calomel and bread and butter. If allœopathic physicians could only be made to perceive the fact, they would be horrified at their own monstrosities. But with seeing eyes they see not and with hearing ears they hear not. Alas, they know not what they are doing. They apply to deleterious principles the language and philosophy which legitimately applies to the principles of life. They call drugs stimulants and tonics, meaning by this, that there are drugs which have the faculty of imparting strength to a sinking vitality and stimulating the organic functions.

Gentlemen, it is time that this monstrous fallacy should be scattered by the rays of truthw hich have shone upon the world through Hahnemann's brain. No drug stimulates or imparts strength. Every drug is inimical to the organic tissues. Every drug, as soon as it comes in contact with the organic tissues, and exercises an action upon them, manifests its presence in the organism by sensations of pain. Drugs represent or embody principles of death, not of life. Aliments embody principles of life, not of death. The inmost

germs, the cell-life of an organ, are stimulated into a spontaneous, harmonious growth by the aliments which the bounteous Creator has designed as the natural food of the organism. If the organ is invaded by a morbific principle, a rapport is established between this principle and the drug which is its typical representative in Nature. If the liver is invaded by a morbific principle which constitutes the drug, or dynamic force of Calomel, it is with this principle that the molecules of Calomel unite; they absorb it, neutralize it, materialize it, remove it from the inmost cells where the vital forces spin the thread of life, disembarrass, emancipate them as it were, and enable them to manifest their activity with increased intensity. Let us never lose sight of the fact that drugs are only in rapport with the forces of disease, not with the forces of life. Here is the great mistake which has been committed by allœopathic physicians and which is perpetuated by all the thoughtless practitioners of our own Schools. They represent the drug-action in disease as a physiological process. The drug is *assimilated* by the tissues. What madness! How can a drug be assimilated by tissues which it possesses an inherent tendency to destroy! Drugs combine with the morbific forces which they represent or embody in their tissues; aliments stimulate the cell-germs of organs by furnishing assimilable material to the forces which weave the framework of the organism.

MERCURIUS CORROSIVUS.

(*Corrosive Sublimate, the Deuto-chloride or Bichloride of Mercury.*)

We may obtain this salt by first distilling to dryness three parts of metallic mercury dissolved in five parts of concentrated sulphuric acid, and afterwards triturating the resulting salt with equal parts of common salt. The triturated mass is then sublimed in a sand-bath. This is the dry way of obtaining the salt. The wet way consists in dissolving red precipitate in hydrochloric acid, and afterwards evaporating the solution to dryness, or allowing the salt to crystallize.

This is the most poisonous and corrosive of all mercurial salts. A number of cases of poisoning by this salt are reported in the works on toxicology. The poison seems to act with destructive force upon the mucous lining of the mouth, œsophagus and stomach, causing softening and gangrenous disorganization of this membrane.

In swallowing an acrid poison, pain need not necessarily be present. Mackintosh, in his Practice of Physic, mentions the case of a soldier, who died in eight or ten days after swallowing two drachms of corrosive sublimate; there were no local pains, though the stomach was found ulcerated, and the great intestines were studded with large, gangrenous ulcers, and the mucous membrane was hanging loose in shreds.

The following case of poisoning reported by Devergie illustrates very fully the destructive action of the poison:

A woman swallowed a quantity of corrosive sublimate about six o'clock in the evening. Her husband found her shortly after, very restless, vomiting continually and tormented by constant urging to stool. A physician was sent for who found her at 11 o'clock at night extended on her bed, without control over her limbs; skin cold and dripping with perspiration; face pale, colorless; eyes dull and dim and expressive of agony; lips and tongue whitish and shrunk; thirst intense; deglutition so difficult and painful that the least attempt to swallow a drop of liquid caused spasms of the œsophagus and stomach, with vomiting of whitish, slimy, tenacious masses which became mixed with bile if the vomiting continued any length of time. Pressure on the throat was painful; the patient experienced a sensation of warmth and burning along the whole of the œsophagus; the skin on the abdomen was cold; the epigastrium was painful even from the least pressure. Alvine evacuations and frequent and violent urging with tenesmus and violent burning. She complained of violent burning and horrid distress in the stomach; the beats of the heart seemed remote and slow; pulse small, filiform, scarcely perceptible; respiration slow. In spite of treatment the patient died next day.

A post-mortem examination showed a congested condition of the cerebral vessels, effusion of red serum in the lateral ventricles at the base of the brain; the larynx slightly violet-colored, and the inside of the trachea and bronchi lined with a vascular network. The stomach was covered with violet and reddish-brown spots; the mucous coat was of the color of bricks. The lining membrane of the bowels was slightly red. The liver was of a normal size, colorless, and having the appearance and consistence of fatty liver. The uterus was completely clogged with albuminous mucous.

Masselot instituted on his own person comparative experiments with arsenic and corrosive sublimate, with a view of determining the relative degree of intensity of the action of these poisons. He commenced with one-thirteenth of a grain of arsenic daily, and gradually increased the dose until, after the lapse of twelve days, he took two-fifths of a grain every day which he swallowed in four parts of one-tenth of a grain each, at intervals of four hours. He took this quantity for six days without experiencing any other results than an increased appetite, a more rapid and easier digestion, a slight increase of the urinary secretions, great ease and readiness in walking, and a slight degree of sexual excitement, but not the least febrile heat.

Corrosive sublimate produced quite different results. Already after swallowing the second portion of three-sixteenths of a grain he experienced a feeling of obstruction and anxiety in the præcordia and epigastric region, followed by slight palpitations; after the third dose: a general feeling of malaise, some pain in the stomach, passing colic, feeling of weakness and shivering in the limbs, palpitation; after the fourth dose: painful pinching in the stomach, lassitude in the limbs and trembling when standing up and without moving; increased anxiety, more frequent palpitations, creeping chills, sensation of coldness, paleness of the face, attacks of nausea,

bloated bowels, borborygmi, colic and tenesmus, and six discharges during the night. On the following day the experimenter only experienced some malaise and a little less appetite than usual. Three days after the experiment was repeated in the same order, and the same effects were experienced, only more intensely; the anxiety, paleness, disposition to chilliness, lassitude and tenesmus especially were more marked. He had moreover several attacks of vertigo, and twice he experienced a spasmodic vomiting of a serous substance, without any previous nausea. The effects of the poison continued more or less for two days.

These experiments show that corrosive sublimate affects powerfully the vegetative system, and that poisonous doses may readily destroy its vitality.

The poisonous effects and corresponding curative range of Corrosive Mercury may be comprehended under the following categories:

CEPHALIC GROUP.

Frightful paroxysms of
Hemicrania every evening and night.

SPECIAL SENSES.

Rheumatic, Scrofulous, and Syphilitic Ophthalmia, especially when the sensitiveness to light is very great.

In *Retinitis* and *Iritis,* the sublimate has done good service, especially when of a scrofulous or syphilitic nature, or after operations.

BUCCAL GROUP.

Stomacace, with complete softening or gangrene of the mucous lining; it looks whitish or greenish, bloody.

CHYLO-POIËTIC GROUP.

Mucous Gastritis, with vomiting of blood and mucus, burning in the stomach, unquenchable thirst, vomiting when attempting to swallow the least liquid.

Gastromalacia of children, pain, swelling of region of stomach, soreness, vomiting, diarrhœa.

Dysentery, frightful tenesmus, discharge of blood and mucus, retention of urine.

Ulceration of the bowels, with watery diarrhœa, also bloody; with cutting and burning pains in the bowels, tenesmus.

Paralytic weakness and paralysis of lower limbs, inarticulate speech, distortion of facial muscles; irregular, small, contracted pulse, also quick and jerking, not full pulse. The paralyzed limb is cold, the skin dry. You recollect that a similar effect was witnessed from the acetate of Mercury.

THORACIC GROUP.

In Scrofulous and Syphilitic ulceration of the lungs, the sublimate

is highly spoken of. The sudden suppression of a chancre or of a syphilitic eruption by external means may lead to ulcerous phthisis which corrosive Mercury may be alone able to cure. The same remarks apply to headaches which sometimes appear years after such suppression.

FEVER-GROUP.

Slow, Hectic fevers springing from a syphilitic source, yield to the corrosive sublimate. The patients complain of extreme prostration and fetid sweats.

In *Typhoid Enteritis,* with foul, bloody stools; burning in the bowels, tympanitic distention of the bowels, soreness to pressure, this agent may prove very useful.

EXANTHEMATOUS GROUP.

Corrosive sublimate is eminently useful in syphilitic eruptive diseases of a secondary character; in *Lepra, Psoriasis, Herpes, Maculæ, Papulæ, Ulcers.* If these eruptions can be traced to a scrofulous diathesis, this agent has likewise been employed with success. A case of *Leprosy,* for instance, is reported in Hufeland's Journal characterized by thick, white crusts over the whole body, with bleeding rhagades, where the sublimate effected a cure.

In syphilitic diseases of bones,

Nodes, Caries, Corrosive Mercury may prove eminently useful, and may compete with the iodide of Mercury, and the hydriodate of potash.

Syphilitic Eruptions with furious itching and burning require the sublimate. Many allœopathic physicians use the sublimate baths on such occasions, dissolving from one to four hundred grains of sublimate in a tubful of tepid water. If these baths are used, the patient should be kept in an uniform temperature until the cure is completed.

We use the sublimate in solution, dissolving one part of it in twenty parts of water. This makes the strong or concentrated solution, of which one drop may be mixed in twelve tablespoonfuls of water. The second attenuation is made from this solution by means of dilute alcohol in the proportion of 1 : 10; all subsequent attenuations are made with strong alcohol.

In a case of poisoning by this salt, we give an emetic of sulphate of zinc, if we have time; or at once resort to large quantities of the white of eggs, milk, sugar and water, mucilaginous drinks. The sulphuret of potassium, oleaginous beverages, and liquids containing a good deal of tannin, are likewise good antidotes.

MERCURIUS BROMATUS.

The Bromide of Mercury has a powerful action upon the organism. Half a grain causes slight pressure and pain in the bowels. One grain causes an increased secretion of urine, colicky pains,

several papescent stools. One grain and a-half cause loathing, vomiturition, increased secretion of urine, and afterwards violent, painful vomiting.

From a quarter of a grain Hœring experienced a disagreeable sensation in the fauces, slight pinching in the bowels. After taking half a grain, these symptoms became more fully developed, with pressure in the stomach, papescent stool, increased secretion of mucus. One grain caused a nauseous taste, a rough and scraping sensation in the throat which obliged him to cough. The pressure at the stomach was felt at once, followed soon after by several watery stools. During this time he was attacked by the most violent colic and painful tenesmus, he felt debilitated, his pulse was slow, small; he had to vomit twice, with great straining. The abdomen was drawn in towards the vertebral column, very sensitive to contact, with increased secretion of urine and saliva. During the violence of the pain the body was covered with sweat.

The Bromide of Mercury acts similarly to Corrosive Sublimate, and has been employed with some success in diseases where the sublimate seems specifically indicated, particularly in

Secondary Syphilitic Eruptions, Corona Veneris, ulcerations on the scrotum, ulcers of the fauces, herpes and rhagades on the body and at the anus.

Our provings show that this agent may be of eminent use in certain forms of

Dysentery with violent tormina, spasmodic retraction of the abdominal walls as in lead-colic, tenesmus, discharge of blood and mucus, and urging to urinate. The third to the sixth potency may be sufficient.

The Bromide of Mercury is antidoted by the white of eggs.

GENERAL ANTIDOTAL TREATMENT IN CASES OF MERCURIAL POISONING.

Among the poisonous effects of Mercury, the most formidable are:

Salivation. We combat this disorder with gargles of lukewarm water, acidulated with nitric acid; a strong infusion of alum is likewise serviceable; sage-tea may be resorted to. If the gums are simply affected, powdered alum may be rubbed upon them three or four times a day. If the salivation is accompanied with a good deal of pain, the mouth may be rinsed with a solution of Opium, in the proportion of one hundred drops to a cupful of water.

Another admirable remedy for mercurial ptyalism is the chloride of potash, of which from five to ten grains in solution may be given internally three or four times a day, using it at the same time as a gargle in the proportion of one hundred grains to a cupful of water.

Eczema. This distressing eruption may be accompanied with high fever, in which case we should give Aconite, a drop of the tincture in a tumblerful of water. Trousseau and Pidoux advise the use of

emollient and gelatinous baths and general embrocations with a soapy compound of one pound of lime-water and three, four or five ounces of almond-oil. Baths in which from half a pound to two pounds of the acetate of lead have been dissolved, are likewise recommended by these gentlemen. With our Aconite perseveringly applied, the acute mercurial eczema loses a good deal of its danger, and its annoying character is more readily controlled. In chronic mercurial eruptions and ulcers, *Hepar Sulphuris* is very efficient.

Trembling or *Tremor, Mania, Epilepsy and other Nervous Disorders.* We relieve them by the use of opiates, principally Belladonna, Hyoscyamus and Opium. These medicines may be given internally, a few drops of the tincture in a tumblerful of water, and an ointment of the same drugs may be rubbed upon the spine, more particularly in the region of the medulla oblongata and the upper and middle portion of the spinal column. If the lower limbs are much affected, the ointment may be applied to the whole of the vertebral column. Nux vomica may likewise prove useful for mercurial tremor and paralysis. Hahnemann recommends electricity for mercurial tremor, neuralgia and paralysis.

Mercurial Cachexia or *Hydrargyria.* The great remedy in this affection is the hydriodate of potash; in torpid scrofulous constitutions the iodide of iron has been found eminently useful. According to Dieterich, gold and the muriate of gold are the most efficacious antidotes in chronic mercurial poisoning. Dieterich considers the use of iron dangerous, if the mercurial symptoms are complicated with syphilis. Ricord, on the contrary, thinks iron highly advantageous, even when syphilitic symptons are present.

In mercurial *Bone-diseases,* gold and the muriate of gold are recommended by Dieterich, especially if the nasal cartilages are involved. For mercurial periostitis, he recommends phosphoric acid and Phosphorus.

In mercurial *Caries,* Asafœtida, Silicea and the hydriodate of potash prove the best means of cure.

Belladonna, Iodine and the hydriodate of potash for *glandular swellings.*

If *Gangrene* threatens, pulverized charcoal may be administered; Arsenic may likewise prove useful.

For mercurial *Rheumatism* we give Guajacum and Aconite.

For mercurial *Purging* the acetate of lead.

For mercurial *Neuralgia* and spasms the sulphate of zinc may likewise prove useful.

For mercurial *Hæmorrhage,* Arnica and iron are indicated.

For *Debility* and *slow torpid fever* we give China, Veratrum and Arsenic, also Iodine.

Lastly we may commend to your attention the fact that one set of mercurial preparations has been successfully used by eminent practitioners in counteracting the poisonous effects of other mercurials.

LECTURE XLIV.

NUX VOMICA,

(*Strychnos Nux Vomica.*—Nat. Ord.:—APOCYNEÆ.)

SEED of the fruit of Strychnos Nux vomica, a middling sized tree; leaves spear-shaped; berry round and smooth covered by a shell containing a pulp which is eaten by birds; seed button-shaped. The bark termed "Angustura spuria" was at first believed to be the bark of the brucea antidysenterica, a native of Abyssinia; but it was afterwards found to be the bark of the Strychnos nux vomica.

This tree is a native of the East-Indies. The bark is poisonous to animals and men. Emmert reports a case of poisoning by this bark where a boy, five years and a half old, was given three tablespoonfuls of a decoction of five ounces of the bark boiled down to five fluid ounces. The principal symptoms in this case of poisoning were: tremor which soon increased to spasms; the least touch brought on tetanic spasm; lockjaw with protrusion and immobility of the eyes; the breathing, after the paroxysm, was excessively labored, stertorous, face and forehead covered with sweat; blueness of the lips and cheeks; the spasms were excited by drinking a little lukewarm water, by the least noise or contact; previous to death, the whole body became relaxed and the eyes extinct, with a few convulsive inspirations at long intervals; death took place one hour after taking the poison, and half an hour after death, the body was quite rigid. A post-mortem examination showed that the blood was cherry brown and fluid. The right lung was externally pale and bloated, internally gorged with blood; the left lung was externally blue, and when cut into, it looked blackish and was gorged with blood.

The action of Nux vomica on man is so graphically described by Pereira that I beg the privilege of quoting his remarks on this point, with some slight but necessary comments.

According to Pereira, three degrees of the operation of Nux vomica on man may be admitted.

"*First degree: Tonic and diuretic effects.*—In very small and repeated doses, Nux vomica usually promotes the appetite, assists the digestive process, increases the secretion of urine, and renders the excretion of the fluid more frequent. In some cases it acts slightly on the bowels, and occasionally produces a sudorific effect. The pulse is usually unaffected. In somewhat larger doses, the stomach not unfrequently becomes disordered, and the appetite impaired."

Pereira, educated in the old mental habits of the School, assigns to small doses of Nux the power of producing tonic or strengthening effects in the healthy stomach. No intelligent homœopathic physician, no homœopathic practitioner who has habituated his mind to reflection and philosophical reasoning, will ever be guilty of perpetuating the balderdash of Old-School therapeutics. Drugs are poisons. It

is in their very nature to be poisonous to the organism. They are poisonous whether taken in small or large doses. Wherein then does this pretended tonic effect of Nux consist? As soon as the poison comes in contact with the stomach, and begins to exercise its deleterious action, the brain, in its capacity of chief supervisor of the functional activities of the organism, comes to the support of the threatened organ, administering to it, lending to it from its own abundance, an additional power to manifest the vital phenomena inherent in its organic destiny. The brain is no reasoning manager. It obeys an instinctive law of order. If the organic power of the stomach is threatened, the brain seeks to restore the equilibrium of the functions by supplying additional power to the invaded viscus. Is this increase of power real or only apparent? Common sense at once informs us that it is only apparent. It is power *borrowed* from the brain. As long as the brain has any power left to lend to the stomach, it will do it; it will *impoverish* itself; but when the period for restitution has arrived, as it assuredly will; when the brain shall be obliged to call in all its outstanding funds for its own preservation and support: then the funds will be found exhausted; the organs cannot repay what they had borrowed from the brain, their common reservoir of vitality; the brain is drained of its resources, the organs will soon find themselves reduced to the condition of empty pouches and worn-out tissues, and universal prostration and decay will be the consequence.

"*Second degree: Rigidity and convulsive contraction of the muscles.*— In larger doses, the effects of Nux vomica manifest themselves by a disordered state of the muscular system. A feeling of weight and weakness in the limbs, and increased sensibility to external impressions (of light, sound, touch, and variations of temperature) with depression of spirits and anxiety, are usually the precursory symptoms. The limbs tremble, and a slight rigidity or stiffness is experienced when an attempt is made to put the muscles into action. The patient experiences a difficulty in keeping the erect posture, and, in walking, frequently staggers. If, when this effect is beginning to be observed, he be tapped suddenly on the ham while standing, a slight convulsive paroxysm is frequently brought on, so that he will have some difficulty to prevent himself from falling. I have often in this way been able to recognize the effect of Nux vomica on the muscular system, before the patient had experienced any particular symptoms.

If the use of the medicine be still persevered in, these effects increase in intensity, and the voluntary muscles are thrown into a convulsed state by very slight causes. Thus, when the patient inspires more deeply than usual, or attempts to walk, or even to turn in bed, a convulsive paroxysm is brought on. The sudden contact of external bodies also acts like an electric shock on him. The further employment of Nux vomica increases the severity of the symptoms; the paroxysms now occur without the agency of any evident exciting cause, and affect him even when lying perfectly quiet and still in bed. The muscular fibres of the pharynx, larynx, œsophagus, and bladder, also become affected; and Trousseau and

Pidoux say those of the penis are likewise inflamed, and the nocturnal and diurnal erections become inconvenient even in those who, for some time before, had lost somewhat of their virility. I am acquainted with two cases of paralysis, in which the use of Nux vomica caused almost constant nocturnal erections. Females also, say Trousseau and Pidoux, experience more energetic venereal desires; and we have, they add, received confidential information on this point which cannot be doubted.

"The pulse does not appear to be uniformly affected; for the most part it is slightly increased in frequency between the convulsive attacks, but Trousseau says he has found it calm even when the dose of the medicine was sufficient to cause general muscular rigidity. Previous to the production of the affection of the muscles, various painful sensations are oftentimes experienced in the skin, which patients have compared to the creeping of insects (formication,) or to the passage of an electric shock; occasionally an eruption makes its appearance.

"It is remarkable that, in paralysis, the effects of Nux vomica are principally observed in the paralyzed parts. I have seen, says Magendie, the affected side covered with an anomalous eruption, while the opposite side was free from it. One side of the tongue is sometimes sensible of a very bitter taste, which is not perceptible to the other side."

"*Third degree: tetanus, asphyxia, death.*—To illustrate this third and most violent degree of operation, I think I cannot do better than relate a case of poisoning by Nux vomica reported by Mr. Ollier:

"A young woman swallowed between three and four drachms of this substance in powder, and in half an hour was seen by Dr. Ollier. She was sitting by the fire, quite collected and tranquil; her pulse about eighty, and regular. He left her for about ten minutes to procure an emetic, and on his return found that she had thrown herself back in her chair, and that her legs were extended and considerably separated. She was perfectly sensible, and without pain; but seemed in alarm, laid hold of her husband's coat and entreated him not to leave her. A perspiration had broken out on her skin, her pulse had become faint and much quicker, and she called frequently for drink. She then had a slight and transient convulsion. Recovering from that she was in great trepidation, kept fast hold of her husband, and refused to let him go, even for the alleged purpose of getting her drink. In a few minutes after, she had another and a more violent attack, and shortly afterwards a third; the duration of these was from a minute and a half to two minutes. In them she retained her grasp; her whole body was straightened and stiffened, the legs pushed out and forced apart. I could not (says Mr. Ollier,) perceive either pulse or respiration; the face and hands were livid; the muscles of the former, especially of the lips, violently agitated; and she made constantly a moaning chattering noise. She was not unlike one in an epileptic fit, but did not struggle, though, as she was forced out it was difficult to keep her from falling on the floor.

"In the short interval of these attacks, she was quite sensible;

was tormented with excessive thirst; perspired; had a very quick and faint pulse; complained of being sick and made many attempts to vomit. (I should state she had swallowed some Ipecacuanha powder, to evacuate the poison). She continued to refuse to let her husband move, and to the question whether she was in pain replied: No, no, no!

"A fourth and most vehement attack soon followed, in which the whole body was extended to the utmost; and she was rigidly stiff from head to foot, insomuch that, with all the force of the surgeon, he could not bend her thighs on the pelvis to replace her in her seat. From this she never recovered; she fell into a state of asphyxia and never breathed again. She now relaxed her grasp; her discolored hands dropped upon her knees; her face, too, was livid: the brows contracted; the lips wide apart, showing the whole of the closed teeth; and a salivary foam issued plentifully from the corners of the mouth. The expression of the whole countenance was at this time very frightful. On removal of the body, it was discovered that the urine had been discharged. She died in about one hour after taking the poison. Five hours afterwards she was still as straight and stiff as a statue; if you lifted one of her hands, the whole body moved with it; but the face had become pale in comparison, and its expression more placid."

"Post-mortem appearances: In the case just related the body was observed to be rigid after death, but in the lower animals the reverse is generally noticed. As in other cases where death takes place from obstructed respiration, venous congestion is observed. Occasionally there is redness or inflammation of the alimentary canal, and now and then softening of the brain or spinal cord."

Nux vomica affects primarily the spinal column, motor and sentient nerves; it also affects the brain; we infer this from the injurious action of Nux vomica upon the brain in patients who are attacked with apoplexy attended with softening of the brain; we infer it from the fact that it has caused stupor, vertigo, buzzing in the ears, sleeplessness and turgescence of the capillaries of the face.

According to Flourens, Nux vomica acts upon the medulla oblongata; this fact is disproved by Orfila who never found the medulla altered, contrary to Flourens who teaches that the specific or exclusive action of every poison on some special organ, always leaves, after death, traces of its action sufficient to distinguish the affected from other organs. It would seem that Nux affects the cerebrum as well as the cerebellum, or both, more particularly the cerebellum, have been found softened after death.

Death either takes place from exhaustion or in consequence of the spasmodic condition of the respiratory muscles. Jules Cloquet describes a case in the Nouveau Journal de Médicine, where the patient seems to have died of the excessive exhaustion produced by the long-continued and violent spasms. The tetanic fits lasted about twenty-four hours, the sensibility in the intervals being acute. Slight signs of irritation of the stomach succeeded, and death ensued on the fourth morning.

In the nineteenth volume of the London Medical Repository a case is reported where a young woman swallowed purposely a drachm of Nux vomica mixed in a glass of wine. In fifteen minutes she was seized with heat and pain in the stomach, burning in the gullet, a sense of weariness in the limbs, succeeded by stiffness in the joints, convulsive tremors, tottering in her gait, and at length violent and frequent attacks of tetanus. Milk given after the tetanus began, excited vomiting. She was further affected with redness of the gums, inflammation of the tongue, burning thirst, and pain in the stomach; the pulse also became quick, and the skin hot. Next day, though the fits had ceased, the muscles were very sore, especially during motion; the tongue and palate were inflamed, and there was thirst, pain in the stomach, vomiting, colic, and diarrhœa. The symptoms, however, abated, and on the fourth day disappeared, leaving her exceedingly weak.

Orfila states that a person swallowed, in the morning, a scruple of Nux vomica in powder, and drank afterwards a few glasses of cold water, in order to diminish the bitterness occasioned by this substance. Half an hour after, he appeared to be drunk; his limbs, especially his knees, were tense and stiff: his walk was staggering and he was afraid of falling. He took some food, and the symptoms soon afterwards disappeared.

As regards the quantity, sufficient to produce a fatal effect, Dr. Basedow of Merseburg in Prussia, mentions the case of a young lady who swallowed, by mistake, a tablespoonful of the powder; she was almost instantly deprived of the power of walking, and fell down, but did not lose her recollection; she recovered.

A case occurred in London in 1839, where fifty grains of the powder of Nux, equal to one-quarter grain of Strychnine proved fatal; in another case fifteen grains destroyed life; this is the smallest fatal dose on record.

From this we obtain the well known alkaloid Strychnine, a white, odorless, intensely-bitter, crystalline substance. It is almost insoluble in water. Two hundred grains of powdered Nux are about equal to one grain of Strychnine. Strychnine is a most powerful poison. From $\frac{1}{12}$th of a grain Andral has observed slight trismus and incipient rigidity of the muscles. In some cases much larger doses are required to develop medicinal symptoms, even $1\frac{1}{2}$ grains (according to Pereira). This is a most dangerous dose, since Strychnine does not always develop its effects at once, but they seem to cumulate in the system for a long time until they suddenly break forth with uncontrollable fury. An instance of this cumulative effect of Strychnine is afforded by the following case which occurred on board the Dreadnought Hospital-Ship, and is reported by Dr. Cooper the attending surgeon:

"A Swede, aged fifty to sixty years, was admitted about the year 1833 with general paralysis, one side being more affected than the other; he was also in some degree idiotic. Strychnia was given, at first in the dose of one-eighth of a grain three times a day, which was continued for several weeks, without apparent effect. The dose was then increased to one-quarter of a grain three times a day,

which was also continued for some time, and not producing any perceptible effect, the quantity was increased to half a grain twice or three times a day, and this dose was taken for many days before any influence of Strychnia was manifested. But one morning, about nine o'clock, the apothecary was suddenly summoned by a message that the man was in a fit. When seen, he was insensible; face and chest of a deep purple color; respiration had ceased, and the pulsation of the heart nearly so. The whole body, (trunk and limbs) was in a state of tetanic spasm. Trunk extended and shoulders thrown back; muscles of chest and abdomen hard and rigid. In a short time, the rigidity became less; the ribs could be compressed; and artificial respiration was kept up imperfectly by compression of the thorax. Circulation was restored in some degree, and the deep purple color of the surface went off. Spontaneous respiration returned. The man sighed, and became apparently sensible; all spasm had ceased for a minute or two; but as soon as circulation and consciousness were in some degree restored, the spasm recurred with extreme violence, again locking up the respiratory muscles. Respiration ceased; the surface again became purple; circulation went on, however, some time after respiration had ceased. Artificial respiration was kept up when the relaxation of the muscles would allow of it, but was this time ineffectual. The heart soon ceased to beat; the deep purple color was instantaneously replaced by the pallor of death; life was extinct.

"The quick passing off of the purple color of the surface was very remarkable; the change appeared to commence in the face, and passed downwards like the passing of the shadow of a cloud."

Strychnia forms salts with various acids, tannic acid, gallic acid, muriatic acid. In a case of poisoning, we first give an emetic of sulphate of zinc, twenty grains; after this we administer an infusion of gall, brandy. With tannin, strychnia forms an insoluble tannate. A student who had swallowed a button, saved his life by taking five drop doses of Ammonia. Coffee and Opium are also antidotes.

Homœopathic doses.—Hahnemann recommends the 30th potency. In many cases this and even higher potencies will undoubtedly suffice; in other cases the tincture may have to be resorted to.

I was once called to a servant-girl who had stuffed herself with codfish and apple-dumplings. She was seized with spasmodic vomiting and had been in this condition for six hours when I was called. I found her lying on the floor, half unconscious, and retching most horridly. I dissolved a globule of Nux 30th in six tablespoonfuls of water, and gave her a tablespooful of this solution. The retching stopped completely after the second dose administered at an interval of five minutes; she was put to bed, perspired a little, and next morning was able to resume her work.

On the other hand I was called to a drunkard who had imbibed thirty-five glasses of brandy during a night's debauch. I found him numb all over; the man was in his senses and said he should die. The pulse was feeble and hurried. Skin exceedingly dry and cold. I tried Nux 30th without the least effect. I then mixed five drops of the concentrated tincture in a tumblerful of water, and gave him a

small tablespoonful every five minutes. After the second dose he warmed up, the pulse became fuller and perspiration broke out. The sweat smelled like alcohol. He had to be changed six times in the course of the day. Next morning he went about his business. Here a material poison had to be acted upon; the higher potencies proved inadequate to such a task.

For years Hahnemann considered himself justified in using large doses of a drug. The following cure of asthma was effected with four grain doses of Nux, frequently repeated. I extract this case from Hahnemann's Essay, entitled: "Are the obstacles to certainty and simplicity in practical medicine insurmountable?"

"A young man, twenty years of age, the son of an oil manufacturer, thin and weakly, had been from his childhood subject to a spasmodic asthma, which used always to increase from the commencement of autumn until the depth of winter, and gradually decline from that period until the mild weather in spring. Every year he had grown worse, and this autumn he hoped might be his last. Already the attack commenced more violently than the last year at this time. The probable issue was evident. Last year, and for years past, every fall of the barometer, every south-west, and more particularly north wind, every approaching fall of snow, every gale of wind, had brought on an asthmatic paroxysm lasting hours and days; he would not unfrequently pass the night with both hands grasping the table, exerting all his strength to draw the smallest quantity of breath, and every moment in dread of suffocation. The intervals between such fits were occupied by slighter attacks, brought on by a draught of air, the vapor from the heated oil-cakes, dust, a cold room or smoke. He told me of these symptoms with the utmost difficulty of utterance, elevating his shoulders to draw a scanty breath, and this at a season of the year, when his condition was as yet pretty tolerable."

This case occurred in Hahnemann's practice at the beginning of his professional career as a homœopathic reformer. The remedies which are usually recommended for asthma in allœopathic practice, had been tried in vain, a medicine was procured which could produce anxiety and diminish the easy action of the bowels. The choice fell on Nux vomica. Four grains, given twice daily, removed gradually, but perceptibly, the constriction of the chest; he remained free from the spasmodic asthmatic attacks, even in the worst autumn-weather, even in winter, in all winds, all storms, all states of the barometer, all humidity of the atmosphere, during his now increased domestic, manufacturing and travelling business, in the midst of the oil vapor, and that without any important change in his diet, or any change in his place of abode.

He now slept comfortably at night, whereas formerly he had passed the whole night in an arm-chair, bent forwards, or leaning against the wall, or coughing without intermission. During this season, which had threatened to be so dangerous to him, he gained strength, agility, cheerfulness, and capacity of resisting inclement

weather. It was only severe attacks of cold that could cause the slightest return of asthma, and these he speedily got rid of.

In another case Hahnemann prescribed as many as seventeen grains of pulverized Nux at one dose. The patient, an industrious and thoughtful mechanic, had been subject for years to paroxysms like the following: Tension in the stomach followed by a sudden attack of vertigo, so as to make him fall, that left behind it a kind of confusion of the understanding, with frightful hypochondriacal ideas, anxiety and exhaustion. In the morning he was pretty lively, and not exhausted, but in the afternoon, about two o'clock, the attack commenced. Considering Nux homœopathic to these symptoms, Hahnemann prescribed it in increasing doses, one dose daily, and the patient improved. In reference to the homœopathicity of Nux to these symptoms, Hahnemann expresses himself as follows: Since it excites, besides vertigo, anxiety and febrile rigor, a kind of delirium, consisting of vivid, sometimes frightful visions, and a tension in the stomach; it at once quickly subdued a fever (Hahnemann so designates this disease) which was characterized by just such a paroxysm as we have described; at the fourth dose of Nux which contained seventeen grains, there occurred great anxiety, immobility, and stiffness of the limbs ending in a profuse perspiration. The fever and all the nervous symptoms disappeared and never returned, although for many years previously, he had been subject, from time to time, to such attacks suddenly occurring, yet unaccompanied by fever.

These massive doses were given in strict accordance with the homœopathic law; cases of this kind show that the homœopathicity of a drug to a disease does not depend upon the quantity of the dose, but upon the inmost relation existing between the drug and the disease. Homœopathic to a disease is any drug which, among the drugs existing in nature, is more than any other drug capable of developing in the healthy organism a condition which shall be, as nearly as possible, similar to the natural malady. It is at all times unnecessary and often injudicious and even dangerous to give a patient more medicine than is absolutely required for the cure of his disease; but why, in the name of common sense, repudiate the Homœopathy of the past which seems to have borne such brilliant fruit, in order to worship at the exclusive shrine of the high potencies?

In Monro's Chemico-Pharmaceutical Materia Medica which was translated from the Latin by Hahnemann, and published with his additions, we read the following statement concerning his method of prescribing Aconite in chronic rheumatism: "I found that a dose of from four to five grains of a well-prepared extract of Aconite, acted very powerfully even in the case of a full-grown person; it often caused oppressive anxiety, confusion of the senses, and cold sweat. I generally commenced with one grain and gradually increased the dose to four grains, adding one grain every day. I ordered a dose to be taken every day at bed-time. It rarely took me more than four days to cure obstinate chronic rheumatisms, provided they were curable. This extract is prepared not by boiling the

plant, but by simply inspissating the juice of the plant in water." A preparation of this kind is of course more or less uncertain, and not near as powerful as the alcoholic tincture, nevertheless the dose which Hahnemann prescribed for chronic rheumatism, is of sufficient magnitude to show that, what we might term a very large dose is not in itself inconsistent with the law "similia similibus." It must be our endeavor, Gentlemen, to build the homœopathic edifice upon a basis that shall be broad enough for every legitimate experience in the bosom of our School. Let it never be said of the Homœopathic College of Pennsylvania, that it is the cradle of one-sided, illiberal, exclusive dogmatism; we recognize no potency but that which cures our patient; no similia but that which is engraved upon the tablets of Nature; and no limits to its applications, but the infinite boundaries of truth.

The provings which we possess of this drug have been obtained by means of large doses, and constitute one of the most brilliant pages in Hahnemann's Materia Medica. Guided by these indications, and by the toxicological effects of Nux, we recommend this agent, and have successfully used it in a variety of affections.

The physiological action of Nux upon the organism shows that this agent is an excellent remedy for various typical and intermittent disorders; for tonic spasms, and more particularly for tetanus and opisthotonos; for gastric and bilious derangements; for constipation arising from torpor or paralysis of the peristaltic motion; for strangulated hernia with or without fæcal vomiting; for acute and chronic diseases of the spinal marrow. You will find it stated in the books that it is more adapted to the male than to the female sex; I doubt the correctness of this statement which I accept only in so far as the diseases to which Nux is homœopathic, occur more frequently among men than they do among women. For the same reason it is more suitable to the bilious nervous than to the phlegmatic temperament, and more to those who are subject to piles and troubled with constipation than to those whose bowels are habitually loose. It is homœopathic to many aliments arising from sedentary habits and excessive mental exertions. It is likewise an antidote to the injurious effects of coffee and alcoholic stimulants. On the other hand, alcohol in excess neutralizes in a measure the effects of Nux. It is reported in the London Medical Gazette, that a drunken fellow, in a moment of high intoxication, took a drachm of Strychnine dissolved in spirits. All the usual spasmodic effects were induced. He took an emetic and recovered. There can be no doubt that the intoxication prevented the fatal operations of the poison.

CEPHALIC GROUP.

Nux is a capital remedy in several forms of headache. We shall find it useful in

Headaches caused by over eating, abuse of coffee, spirits, excessive mental labor. The head feels as if it would split, aching; a sort of painful pressure with sticking pain.

Catarrhal Headache; the brain feels heavy and aching, as if bruised.

Rheumatic Headache; a tearing pain after eating, with sensation of heat in the cheeks and a chilly feeling over the body, or only in the hands; also, with throbbing in the forehead; or a crampy pain in the head, with soreness and sensitiveness of the scalp.

Gastric Headache; from overloading the stomach, or worse after eating, with nausea, sour vomiting, also darting pains in one side of the head.

Bilious Headache, similar to gastric headache, with sensation as if the head would split, tearing and burning pain in the head and forehead, vomiting of bitter and sour phlegm.

Hysteric Headache, with pressing in the head as if the brain should be pressed asunder; accompanied with heat in the brain; the headache is relieved by compressing the head with the hands.

Congestive Headache with violent throbbing and aching pain, as if the head would split; the headache may be excited by abuse of wine, coffee, by a violent mental excitement, suppression of hemorrhoids.

Periodical Hemicrania, with sticking, sore pain in one side of the head; also drawing pain in one side, or pain as if one side of the brain should be rent asunder.

Nux having such a powerful specific action upon the cerebrum and cerebellum, it will be found available in some very important and dangerous conditions of the brain. We shall find it useful in

Vertigo, especially when arising from excessive use of alcoholic liquors, coffee, or when the brain is overtasked and there is danger of softening; the pulse during the attack is small, irregular; or the patient vomits, is troubled with dyspepsia; the vertigo seems to be in some sort of sympathetic connection with the gastric irritation.

Apoplexy of a peculiar type comes within the therapeutic range of Nux. It is doubtful whether Nux will ever be found available in apoplexy which is not connected with, or depending upon some primary derangement of the stomach, especially inflammation of the mucous coat.

A perfectly healthy and rather fleshy servant girl swallowed 120 grains of pulverized Nux in order to destroy herself. In half an hour she complained of violent colic which soon increased to an intolerable degree of intensity. She swallowed the poison about ten o'clock in the morning, and at eleven o'clock the physician found her dreadfully convulsed; in one minute she had several attacks of opisthotonos. The face was very much distended with blood, scarlet red, the eyes fixed and glistening, the hands cold, pulse entirely collapsed; her consciousness was undisturbed. She died about noon.

The whole of the right side was of a blue-red color, the abdomen horridly distended, the hands convulsively closed, face pale and collapsed, the mouth tightly closed, with blue lips and traces of blood oozing from the mouth; stomach inflamed throughout and almost gangrenous in the region of the pylorus; the inflammation spread even to the middle of the ileum. The larger bowels were in a normal condition.

Another female took six grains of the powdered Nux at one dose. She was attacked with extreme weakness of the limbs, so that she was unable to stand; general trembling, vertigo, stupefaction of the head, anxiety, small and intermittent pulse.

Symptoms like these show that the brain, under the influence of large doses of Nux, becomes violently congested, and that a condition may ensue which may very easily result in apoplexy. Post-mortem examinations have shown the cerebral substance infiltrated with a bloody serum, or sanguineous effusions from the capillaries have taken place, marking the brain with a number of bloody points throughout its substance. Softening of the cerebrum and cerebellum is likewise one of the effects of poisonous doses of Nux. Hence in *Encephalomacia*, this agent will prove very useful, especially if the disease results from the excessive enjoyment of wine, rich food, or even from excessive mental labor.

We shall find Nux admirably adapted to the consequences resulting from the excessive use of spirits, among which we may range

Cerebral Congestions, with violent throbbing and aching pains in the head, dizziness, stupefaction, protrusion and redness of the eyeballs, stuttering or inarticulate speech, paralytic weakness of the extremities, full and bounding pulse, or feeble and rather accelerated pulse, with coldness of the extremities; in such a case Aconite and Nux, and in some cases Belladonna and Nux may be given in alternation.

Nux will likewise be found indicated under these circumstances if the patient's brain is clear, but the sensibility seems to be almost extinct; the skin feels dead; he is apprehensive of having a paralytic stroke; the pulse is rather feeble and compressible, inclining to be irregular.

In regard to the dose in these affections of the brain, the 3d to the 30th potency will be found sufficient; except in cases of debauch where a material poison has to be removed from the organism; here it may be necessary to resort to the strong tincture.

NERVOUS GROUP.

In some of the cases of poisoning which I have related, Nux caused a sudden falling, as if the patient were struck down; it produces this effect by its primary action upon the cerebro-spinal axis, and more particularly upon the ganglionic system of nerves.

The action of Nux upon this system is characterized by loss of strength, pain, spasm. The leading effects of the drug may be expressed in the following summary generalizations:

Sudden failing of strength;

Weariness after the least exercise;

Heaviness of the upper and lower limbs so that the patient is scarcely able to raise them;

Pain in all the joints as if bruised, particularly during motion;

Violent pain in the muscles at every moment;

Trembling of the limbs (as in the case of drunkards;)

Tetanic convulsions, excited by contact, noise or any external stimulus, with frequent and fluttering pulse during the attack, and general sweat;

Opisthotonos, with feeble beating of the heart, pulse small and scarcely perceptible;

Spasms in the muscles of mastication, the patient bites every thing which is held near his mouth;

These spasms may affect every muscle in the body, and are frequently preceded by violent chills and shudderings, after which the patients experience, along the track of the nerves in the limbs, formications and painful sensations resembling the passage of electric sparks; not only the external muscles, but also the muscles of the pharynx, œsophagus, erectores, penis muscles, and other internal muscles are liable to similar spasms;

The tetanic convulsions sometimes alternate with asphyxia and relaxation of the parts;

The consciousness, during the spasms, does not seem to be affected.

Strychnia is extensively used in our Hospitals in the treatment of tetanic spasms. In reference to this subject, my colleague in Jefferson College, Professor Thomas D. Mitchell, offers the following naive statement: "It is probably the known effect of strychnia in paralytic patients, viz.: its induction of tetanic spasms—led to its employment in tetanus. Dr. Fell reports several cases of traumatic tetanus, cured by doses of one-sixteenth and one-fourth of a grain, continued so as to induce decided twitching. These cases are reported in the New York Journal of Medicine and Surgery, for November, 1846. In the January number of 1847, an article may be found, the design of which is to prove the efficacy of Strychnia in idiopathic tetanus."

Thus far Dr. Mitchell. Now, gentlemen, we occupy a position that enables us to enlighten the doctor regarding the true reason why Strychnia cures tetanus; it is simply because it has power to produce this very identical disease in the healthy body; in other words, it affects the cerebro-spinal axis in the same manner as that unseen, immaterial, impalpable cause which, by its action upon the cerebro-spinal axis, leads to the production of tetanic spasms.

There are men so blind that they do not even see light in the daytime. The idea of "contrarium" must be preserved, were it only for the honor of the School. Hence Strychnine only affects paralytic patients with tetanic spasms. The broad and universally admitted fact, that Strychnia causes tetanic spasms in persons in health; that the production of tetanic spasms is its most essential, most characteristic property, is overlooked, ignored, we almost feel disposed to say maliciously ignored, lest the admission of such a fact should involve the cunning Professor into an admission *nolens volens* of the fact that Nux cures tetanus because of its homœopathic specific relation to this affection.

In Frank's Magazine, the following case of poisoning is related, which shows that the tetanic spasms, where Nux may be expected

to exhibit a curative influence, are accompanied with violent symptoms of cerebral congestion:

A lady of fifty years took by mistake a teaspoonful of a mixture of one hundred and twenty drops of the tincture of Nux in two ounces of water. Immediately after taking the dose, she was seized with a chill and had to vomit. The patient drank a few glasses of water; her condition got worse from minute to minute, and her life seemed in imminent danger. Her face, which was habitually pale and livid, assumed a bright-red color, her cheeks glowed, her eyes stared and were frequently rolled upwards, so that the contracted pupils could not be seen. The features were distorted, the mouth tightly closed, with grating of the teeth; accelerated, moaning and sometimes interrupted breathing, anxiety, violent palpitation of the heart, and involuntary, loud screams. During these involuntary screams, her head was drawn backwards, after which her mouth was opened wide, and her face had a most frightful expression. The tongue was protruded, and was frequently injured in consequence of the spasmodic closing of the jaws. She found it almost impossible to swallow liquids. Her whole body trembled; she was unable to sit still, she was forced as by some electric shock to rise and to stagger about the room. Her speech was interrupted by sobs, her voice feeble, she spoke in monosyllables and mostly uttered inarticulate sounds, so that one had to guess what she wished. Pulse hard, small and accelerated. She took from twenty to thirty drops of liquid ammonia in a teaspoonful of water and sugar, first every five and afterwards every ten to fifteen minutes; in three hours all the dangerous symptoms had disappeared. A rash broke out over the whole body.

The treatment of tetanus by Old-School physicians has ever been a stereotyped illustration of human impotence, until Strychnine was resorted to. The ounce-doses of Opium and the gallons of port-wine have ever proved unable to combat this dreadful disease; Strychnine, which stimulates this disease in all its horrible details, proves its most powerful neutralizer.

A girl of thirteen years, of feeble but otherwise sound constitution, had been complaining of frontal headache, and more particularly of a painful pressure in the epigastric region, after which she was attacked with convulsions. In the first two days the convulsions returned three or five times daily, and were preceded by anxiety and extension of the limbs in a recumbent posture; these symptoms were followed by an almost complete vanishing of the senses, and by shocks which forced the body out, jerking the head upwards, with the arms crossed on the breast, the legs stretched downwards, and the abdomen, which was somewhat drawn in, jerked up. These jerking shocks recurred as many as fifty times in one minute; with every jerk the patient uttered an anxious moaning sound. The least movement, the slightest contact, was followed by several jerks. She took one-twentieth of a grain of pulverized Nux every two hours; in three days she was entirely restored. The last attack had been the most formidable.

It would seem as though an agent that has such a powerful effect upon the ganglionic system, must be possessed of curative virtues in *Epilepsy.* In many attacks of epilepsy, the shocks or jerks, which are so eminently characteristic of the action of Nux upon the ganglionic centres, constitute prominent symptoms. The annals of medicine can show the records of several cases of epilepsy which were cured by the systematic use of Nux.

A woman of forty years was attacked with epilepsy in consequence of a violent fit of anger. The paroxysms had been continuing off and on for two years. She took half a grain of powdered Nux. A quarter of an hour after taking the drug, she had some headache, vertigo and obscuration of sight. Next morning she felt as usual. She took nineteen such powders, and remained free from her attacks for three years. Another violent fit of anger brought the attacks on again, but Nux was resumed, and she finally remained perfectly cured.

A young man of twenty years had been epileptic ever since his childhood. The attacks were preceded by vertigo, and itching in the face, followed by violent jerks in the arms, after which the patient lost his consciousness. For a few days after the attack he seemed in a state of imbecility. He took in all one hundred and fifteen grains of pulverized Nux, and was completely restored.

This itching and crawling in the face seems to be characteristic of Nux. We find this symptom recorded among Hahnemann's provings: "Itching and crawling in the face, as if ants were crawling over it."

A man of an irritable constitution had taken eight grains of powdered Nux at once. Soon after he had to sit down. His mouth was convulsively drawn back, the jaws were tightly closed. After the paroxysm had ceased, the patient explained that he had been perfectly conscious all the time, but that he had felt as though millions of ants had been crawling over his face; he stated that objects had been seen in a much brighter light than usual. He did not complain of any pain.

We may regard this crawling itching as a characteristic indication for Nux, especially if it is felt in the face. Nux vomica seems to affect the trigeminus in a very marked manner.

Even in *Chorea,* Nux may prove useful, more particularly if the paroxysms are more or less analogous to, or mingled with, tetanic symptoms. In the London Lancet, for September, 1845, Dr. Ross reports the following cures of chorea by means of Strychnine: "The first occasion on which I made trial of the remedy in this disease, was in the beginning of 1839, in the case of a delicate girl of twelve or thirteen years of age, who came under my care as a hospital-patient. From having been very expert with her needle, she was rendered incapable of using it, and her attempts to thread it were almost ludicrous. I prescribed for her the one-eighth or one-tenth of a grain of the alkaloid, to be taken twice a day. On the second or third day of the treatment, through a mistake of the nurse, she had

an over-dose of the medicine, which produced more violent effects than I intended, viz.: convulsive twitches, which, however, quickly subsided on the medicine being intermitted, and with them all symptoms of the disease. In a day or two after this, I saw her thread a fine needle with a hand perfectly steady, and she was dismissed cured at the end of a week. I saw her more than a year afterwards; she was quite well, much improved in appearance, considerably grown, and had had no return of chorea. I ought to mention that she first came under my care after having been already some weeks in the hospital, under the care of my esteemed predecessor, Dr. Bayne, whose treatment of her was continued, without any improvement in her symptoms, until she commenced the use of the strychnia."

In *Paralysis,* Strychnine has effected brilliant cures. In the paralysis of the hands of drunkards, Nux is a capital remedy. In paralysis not accompanied by inflammatory or congestive symptoms, Nux vomica may prove an invaluable remedy. According to Magendie, a paralysis to which Nux vomica is homœopathic, is more or less accompanied by, or resulting from softening of that portion of the cerebro-spinal axis which sends off nerves to the paralyzed limb. The temperature of the part is moreover diminished, it may be liable to prespire and the pulse is reduced in volume, quicker and more or less irregular. In paralysis accompanied by engorgement of the nervous centres, where the limb feels heavy, full, enlarged, hot, the pulse is heavy and irregular, or small, quick and irregular, the sensibility is altered, the patient complains of a pricking and formicating sensation in the part, Aconite is the sovereign remedy. Hence in paralysis consequent upon sanguineous apoplexy, Nux vomica is of no use; Aconite will have to be employed in most cases.

In *Rheumatic Paralysis* of the extremities, without much fever, Nux may effect a complete cure.

We read in Frank's Physiological Magazine that a farmer of perfectly sound constitution had exposed himself to a sudden change of temperature, in consequence of which he was attacked with paralysis of the whole of the right side and partial paralysis of the tongue. The attack set in at once without any premonitory symptoms. He was treated with a number of remedies without the least benefit. Three grains of the spirituous extract of Nux were now dissolved in an ounce of alcohol, of which he took twenty drops at night, increasing the dose by one drop every day. On the third day, his condition was considerably improved; on the ninth, the paralysis was almost entirely removed. After finishing the solution, the patient had the full use of his limbs, was able to articulate distinctly, and had remained perfectly well the last five years.

In *Tic Douloureux,* Nux vomica is sometimes a valuable agent. In the 17th volume of Braithwaite's Retrospect, page 289, we read the following interesting case of the cure of tic douloureux by grain doses of Strychnine. The patient had been accustomed to large doses of the muriate of Morphia for the relief of his sufferings, and took, one day, three and a half grains of a powder just purchased

for the same end, and went out upon his ordinary business. This powder was Strychnine. In a very little while, he felt a disagreeable numbness in his legs, increasing rapidly, so as almost to disable him. On reaching home, he felt better and went to bed, about five hours after he took the medicine. Just as he was going to bed, in the hope of getting a good night's rest, he took a second dose of the same powder as that swallowed early in the day. In less than ten minutes, violent tetanic spasms came on, affecting the legs and respiratory muscles almost to suffocation. The spasms followed in close succession and with increasing severity. The man continued perfectly conscious, although his senses seemed to be invested with unwonted sensibility. After awhile the paroxysms began to diminish in violence and number; and when it was imagined that the case was about to terminate, the symptoms were suddenly renewed with great violence. In a short time, however, the aspect changed for the better, and at the end of thirteen hours all the symptoms had disappeared. The most remarkable feature in the history of this case is that the man, after this disaster never had an attack of his tic douloureux.

Nux is generally useful when the pains are tingling, hard-aching, sticking pains, aggravated or excited by motion or contact.

In *Neuralgic Affections* of the spinal marrow, Nux is a very useful remedy; the pains may be burning, sticking, laming, tensive or heavy-aching pains. In chronic inflammation of the lower portion of the spinal marrow involving paralysis of the lower extremities and derangement of the abdominal viscera, Nux may prove of benefit.

INFLAMMATORY GROUP.

Nux vomica cannot be said to cause inflammation of a phlegmonous character, with full, bounding and rapid pulse. Nux has caused inflammation of the stomach and small intestines, but this sort of inflammation seems to be incidental to a complete disorganization of the nervous life of the organ rather than the result of a temporary depression of the nervous energy. Inflammations of this kind seem always to be attended with convulsive paroxysms.

By our provings we know that Nux causes a burning and itching in the finger and toe-joints, such as patients experience from chilblains. Hence in

Chilblains, this agent may prove serviceable, if they itch and burn a great deal, especially when entering a warm room or getting into bed.

Among the provings of Nux we find a number of symptoms recorded, pointing to arthritic and rheumatic affections, such as: swelling of joints, drawing, tearing, laming pains, and pains as if bruised, in the muscles of the nape of the neck, abdomen, extremities; crampy pains, and contractive pains as if the tendons were too short in the joints, are likewise complained of by the provers. The parts may feel numb and heavy, but there are scarcely any outward symptoms of inflammation. It is principally in arthritic rheumatism of the muscles that Nux is most serviceable.

A delicate lady of forty, was attacked, probably in consequence of having taken cold, with very painful rheumatism of the muscles of the back, impeding motion and deep inspirations. Her complexion was rather sallow. She was put on five-drop doses of the tincture of Nux every hour. From the first dose she improved, and in two days, she was quite restored. This dose must appear large to a homœopathic physician; a much smaller dose might perhaps be sufficient; but as a general rule I think that in rheumatic-arthritic affections of this character a large dose of Nux will seem preferable.

Pale Arthritic Swellings of the toes, balls of the toes; arthritic-rheumatic swelling of the knee-joint, of the abdominal muscles, with gastric symptoms, without, and even with, moderate fever, have yielded to Nux.

Muscular Pains, aching, boring and twitching pains may find a remedy in Nux.

ORBITAL GROUP.

Nux does not cause any acute symptoms of inflammation of the eyes; it causes a condition which might be termed weakness of the eyes. The provers of Nux have complained of soreness of the lids, soreness of the canthi, with discharge of pus; smarting and burning tingling or pricking in the eyes; also profuse secretion of tears. It is undoubtedly proper, in view of these effects of Nux, to employ it for

Sore Eyes, when the weakness is of an arthritic or scrofulous character. If this weakness or soreness of the eyes is accompanied by weak digestion, for which Nux seems indicated, we shall find this agent so much more efficient in the treatment of the former affection.

If this weakness arises from abuse of alcoholic stimulants, overfeeding, excessive use of coffee, straining of the eyes by nightly mental labor, Nux may prove a most useful agent.

Nux also causes painless sanguineous effusions in the sclerotic coat. Hence in

Painless Ecchymoses, with which some individuals are troubled, Nux may be required, especially if the above-mentioned causes have been instrumental in producing the trouble.

Nux, or rather its alkaloid, Strychnine, has cured

Strabismus, if a report in the Western Lancet may be credited. The case may be found in the January number of 1847. It was a case of twelve years' standing. A solution of twelve grains of Strychnia in two ounces of alcohol was applied to the eyebrows and temples in the space of seven days, after which period the patient was perfectly cured.

You recollect that the effect of Strychnia upon the optic nerve, is to make objects appear in a brighter light. The provers of Nux have also been troubled with luminous vibrations outside of the line of vision. This symptom occurs in what pathologists have designated as

Spurious Vertigo, an affection, where these luminous vibrations are

perceived, after which objects seem to waver until the patient loses the power of supporting himself, and falls down.

DENTAL GROUP.

Nux causes a swelling and soreness of the gums. In
Stomacace or scurvy of the gums arising from abuse of coffee, alcoholic stimulants, or bad digestion, Nux may prove very useful.

Nux cures various kinds of pains in the teeth; the most characteristic pains to which Nux is specifically adapted, are: sticking, drawing, tearing, digging, burning and jerking pains. The stitching pains seem to be particularly indicative of Nux. We shall find this kind of

Odontalgia prevailing in the case of arthritic individuals; persons addicted to the use of strong drinks, coffee; men and women of sanguine-bilious temperament, with impaired digestion; scrofulous and arthritic individuals who are frequently exposed to the night air, to damp weather, draughts of air.

Nux may be indicated, if the pain affects several teeth at once, or if the precise tooth cannot be pointed out.

For the *Toothache of Pregnant Females,* Nux is recommended as a remedy.

PHARYNGEAL GROUP.

Nux seems to cause a feeling of soreness and fullness in the throat, as if a lump were lodged there. Some homœopathic physicians profess to have used Nux in

Angina, or *Chronic Sore Throat.* Very little reliance can be placed upon Nux in this affection, unless it should happen to be in rapport with a peculiar state of gastric derangement to which Nux is homœopathic.

Nux has caused spasmodic twitchings of the pharynx; hence
In *Spasmodic Singultus* it may prove useful; likewise in
Dysphagia of a spasmodic character.
In these affections Nux 3d to 6th potency may prove sufficient.

LECTURE XLV.

CHYLO-POIËTIC GROUP.

VERY few drugs in our Materia Medica can boast of as extensive a range of action upon the chylo-poiëtic organs as Nux vomica. Our cases of poisoning have acquainted us with the fact that large doses of Nux cause gastro-enteritis. The symptoms which have been elicited by systematic provings, enabled us to determine the precise character of the changes which Nux effects in the condition of the chylo-poiëtic organs.

Let us examine these effects under the respective heads of
1. Taste and appetite;
2. Secretions;
3. Sensations experienced during and after eating;
4. Eructations, nausea and vomiting;
5. Pain;
6. Alvine evacuations.

Taste and Appetite.

Nux causes a *sour* taste; food leaves a sour taste in the mouth.

Nux also causes a *foul, musty* and *bitter* taste in the mouth, not of the food.

Nux causes loss of appetite, an aversion to the food which the prover usually consumes.

It also causes a sensation of hunger, but the appetite is immediately satisfied after eating ever so little. Or it may cause a sensation of hunger, and yet the patient may experience an aversion to food.

Secretions.

Nux causes a copious *flow of saliva;*

Spitting up of a *blackish, almost coagulated blood* at two in the morning and two in the afternoon;

Heartburn as after eating rancid grease;

Scraping sensation in the pharynx as after heartburn;

Rising of a sour and bitter fluid off the stomach.

Sensations experienced during and after eating.

After eating, the prover experiences an oppression of the stomach and epigastric region, with metallic taste in the mouth;

Chilliness and heat of the face; the heat seems to come from the abdomen;

Qualmishness, nausea and fainting spell;

Depression of spirits and ill-humor.

Eructations, Nausea and Vomiting.

Nux causes nausea, even early in the morning, vomiting of sour mucus and blood.

Pain.

Nux causes continual and violent distress in the stomach;

Pressure as from a stone in the epigastric region;

Tension in the epigastrium, followed by pain in the abdomen as if the inside were sore and raw;

Contractive, crampy pain in the bowels, sometimes followed by watery diarrhœa;

Distention of the epigastrium which is painful when touched;

Throbbing in the epigastric region as if an abscess were forming;

Burning distress in the epigastrium;

Flatulent distention after eating or drinking;

Painful prickings in the abdomen;

Cutting pain as if a cutting instrument were pressing upon the bladder, neck of the bladder, perineum, rectum and anus; a sensation as if cutting flatulence had become incarcerated in these parts;

Cutting, also burning cutting distress, with nausea;

Pinching in the bowels as if diarrhœa would set in;

Pressing, bearing-down pain in the bowels;

Feeling of weakness in the inguinal ring as if a hernial sac would protrude;

The abdominal muscles feel sore and bruised, especially during motion.

Before considering the sixth subdivision, viz.: the alvine evacuations, let us first examine these physiological effects of Nux with reference to their corresponding pathological conditions. Agreeably to these effects we shall find Nux indicated in the following affections:

Heartburn or *Pyrosis*, characterized by the gulping-up of a sour, acrid or bitter fluid.

Chronic Vomiting and *Retching*, especially after eating, with oppression and distention of the bowels, swelling of the epigastrium, soreness and throbbing of the epigastric region.

Vomiting of Blood or *Hæmatemesis;* the blood looks and tastes foul, mixed with food and mucus.

Vomiting of Pregnant Females, where it may sometimes be necessary to give larger doses than usual, I mean the tincture instead of the attenuations. In Kopp's Memorabilia, and in other works, a number of such cases are related where the middle and higher potencies proved ineffectual, and where a few drops of the tincture or the lower triturations effected a permanent and speedy cure. Oppression of the stomach and bowels, retching expulsion of bitter or sour mucus, headache, are some of the characteristic indications.

Spasmodic Vomiting and retching after a fit of indigestion, in consequence of over-eating or eating indigestible food.

Dyspepsia, with burning distress in the region of the pylorus, with oppression after eating, sudden feeling of repletion after swallowing a small quantity of food, in spite of a previous sensation of hunger.

Cardialgia, Gastrodynia. In this affection, Nux has been employed by some of the best allœopathic practitioners, but always in doses of sufficient size to produce spasmodic symptoms. There is no earthly necessity for such a proceeding. Let the dose be large enough to effect a cure, but avoid all unnecessary medicinal complications.

The cardialgia to which Nux is homœopathic, may correspond with an inflammatory pathological process in the stomach and small intestines, and likewise with a pathological process going on in the hepatic system. We mean by this that in the one case, the cardialgia is, sensually speaking, an inflammatory irritation of the stomach and duodenum, or of parts thereof; and in the other case, a pathological process going on in the stomach and duodenum, but developed out of certain primary disturbances of the hepatic system. In either case, Nux may be applicable, though the symptoms may differ very greatly.

In a case of poisoning reported by Orfila, the patient experienced

an intense pain and throbbing in the epigastric region, with dryness and heat of the skin, frequent pulse, redness of the edges of the tongue, extreme depression of spirits, prostration, alteration of the features. In this case, an examination after death revealed inflammation of the stomach, duodenum and upper portion of the ileum.

Such a group of symptoms might occur without a fatal termination; we infer from the character of the symptoms that an inflammatory action is going on in the lining membrane of the stomach, which is evidenced by the inflamed edges of the tongue, the heat and dryness of the skin, and the intense pain, which may amount to a burning distress, in the epigastric region. In all such cases of inflammatory gastralgia, Nux is a capital remedy. In some forms of *Dyspepsia*, this redness and soreness of the edges of the tongue, and even of the tongue itself, are present. The tongue looks as if peeled off. Nux may be very useful in such a case.

We read in Griesselich's Hygea, that Dr. Richard Rowland, physician to the City-Dispensary of London, has used Nux vomica with distinguished effect in gastralgia characterized by the following symptoms: The pain comes in paroxysms; it is at times stitching, at others tearing, and again a burning distress in the region of the stomach, frequently extending to the integuments of the thorax and to the back. At times the pain is very slight, at others exceedingly violent, lasting at times a few minutes, at other times several hours. The attacks frequently terminate in rising of air, accompanied with a watery, insipid or sour fluid, or without any. In spite of this distress, the food may be digested properly, the tongue may be clean, the appetite good, even craving. The bowels are generally bound. The pain is frequently relieved by eating. There is no thirst, no vascular excitement, the patient may retain an appearance of perfect health. In this form of gastralgia Rowland has given the extract of Nux in doses of one-fourth of a grain, three or four times a day, with uniform success.

We have already stated that Nux vomica may produce *Gastro-enteritis*. In the chronic form of this affection, Nux may do good service. In a case reported by Orfila, three grains of the alcoholic extract of Nux proved fatal. The stomach was found inflamed, bowels violet, as if gangrened. In another case, a man destroyed himself by drinking a quantity of the powdered Nux in beer. The region of the cardiac orifice was found inflamed.

In the chronic form of this affection, with burning distress in the epigastrium, redness and soreness of the tongue, constipation, or small mucous stools with frequent urging, sallow complexion, loss of appetite, distention and pain after eating, we shall find Nux indicated.

For the *Dyspepsia* and cardialgia of drunkards, or of inveterate coffee-drinkers, Nux has been found a great remedy.

In the various forms of *Colic*, Nux will be found eminently useful. In colic from the

passage of biliary calculi through the cystic and choledoch ducts also described as

Hepatic Colic, hepatalgia, a colic characterized by the sudden invasion of a most excruciating pain in the epigastrium and right hypochondrium, nausea and vomiting, spasmodic contractions of the abdominal muscles, coldness of the extremities, profuse cold perspiration. Jaundice may be present, although this is not necessarily a pathognomonic sign. You may have to give large doses in this affection. I should not hesitate to give the strong tincture in five-drop doses, or the pulverized Nux in doses of half a grain each, repeating every half hour, until some three or four doses had been given. In this respect no positive rule can be laid down. A philosophical view of the nature of the case will assist us in making up our minds as to what will be an adequate dose in the case before us. The irritation caused by the friction of the calculus against the sides of the duct, induces spasmodic contractions which resist the passage of the concretion and render the irritation so much more excruciatingly painful. It is this spasm that we have to relieve. How much medicine does it take to accomplish this? Any more than is required in order to relax the spasm in strangulated hernia? We relieve this spasm by means of the 3d, 6th and even higher potencies. Then why not relieve the spasm of the gall-ducts by similar treatment? Undoubtedly this may be accomplished, and if I recommend large doses, it is with the implied understanding that, if the smaller doses fail us, and we should still consider the drug indicated, the larger doses are not contrary to the law which we recognize as our fundamental generalization.

Nephritic Colic, caused by the passage of a calculus through the ureters. Symptoms similar to those characterizing hepatic colic, may arise in this case; excruciating tearing pain, with coldness of the extremities, clammy perspiration, ever fainting turns. Nux may relieve the spasmodic irritation of the uterus.

Hæmorrhoidal Colic, with horrid tearing, pressing pains in the small of the back and lower bowels, attended with flushes in the face, and consensual symptoms, such as sickness at the stomach, vomiting, rush of blood to the head, dizziness, headache.

Menstrual Colic, with contractive crampy pains in the lower bowels, followed by the occasional passages of bloody coagula from the vagina.

Colic of Pregnant Females, with griping, crampy, sickening pain in the bowels, nausea, headache.

Flatulent Colic, as if the bowels, bladder, rectum were pressed upon with a cutting instrument.

Spasmodic Colic, the bowels feeling as if twisted together, sore with obstinate constipation.

As regards the dose in these various complaints, we shall find that the strong tincture is often used with perfect success, where the attenuation leaves us in the lurch. This may be seen from the following cases reported by Kopp in his Memorabilia.

A man of fifty-eight years who had to lead a sedentary life, was

attacked with the following symptoms in consequence of this change in his habits: bad digestion, costiveness, flatulent distention, palpitation of the heart, dulness of the head, irritable temper. The attenuated Nux afforded relief, but not entirely; one drop of the strong tincture every night at bedtime, continued for a number of days, achieved a perfect cure.

Another man of fifty-one years who had to lead a sedentary life, had been complaining for a long time of uneasiness and irritability in the bowels. Nux 18 and 24 was of no use; a drop of the tincture every few hours afforded him marked relief.

A worker in metal, fifty-six years old, complained of a violent, painful pressure in the head, with distress in the stomach and bowels, coated tongue, anorexia, constipation. Repeated doses of the first attenuation of Nux had no effect; drop-doses of the tincture every few hours cured him speedily and radically.

A man who had formerly been addicted to drinking, and was troubled with vomiting, pains in the bowels, arthritic pains in the joints, was speedily cured by taking one-twelfth of a grain of the powdered Nux every two hours, without experiencing any sign of homœopathic aggravation.

A carpenter, sixty years old, who had been addicted to abuse of brandy and cider, was attacked by weak eyes and vomiting. Nux 12 or 18 stopped the vomiting, except when he ate meat; the tongue remained coated and the other derangements of the digestive organs continued. He now took four times a day half a grain of pulverized Nux, and was perfectly relieved without experiencing any medicinal symptom.

A lady who was affected with oppression of the stomach, costiveness and headache, took Nux 24 without any relief; one-fourth of a grain of pulverized Nux morning and night cured her perfectly.

Kopp states that he has cured hundreds of such cases of derangement of the digestive organs, whether resulting from piles, lead-poisoning or other causes, by means of the spirituous extract of Nux, in doses of one-sixteenth, one-fourth, and even one-half of a grain, two or three times a day.

We have seen that Nux causes a feeling of weakness in the inguinal rings, as if hernia would protrude; hence we may find it useful in

Recent Hernia of children, pregnant females or laborers; Nux may restore the contractile power of the tissues, and prevent the protrusion of the bowel.

In *Strangulated Hernia*, we give Nux, if there is no inflammation, or very little of it; simple strangulation, nausea or even vomiting; if inflammation is present we give Aconite, Belladonna. It may be advisable to give Nux in alternation with these agents.

In l'Union Médicale for 1840, Dr. Homolle reports success in the reduction of strangulated hernia, with exceedingly minute doses of Strychnia. He supposes it acts as it does in constipation from paralysis, by augmenting the peristaltic action or by correcting irregular action.

In regard to this matter the fact is right enough, but the explanation is faulty. It is not paralysis that we have to contend against in strangulated hernia, but spasm. Strychnine cures strangulated hernia by virtue of its property to excite spasm. The explanation that Strychnine cures strangulated hernia by correcting irregular action, is as transparent as a fog on a wintry morning. All drugs cure by correcting irregular action. The idea that drugs cure diseases which they are capable of producing, stares our brethren of the other side in the face at every turn of the way; they cannot get rid of it, no matter how they twist the argument. But we must be patient and abide our time. I for one am willing to be patient, and if I give our opponents a scorching every now and then, I trust that, upon examination, it will be found to be kindly meant, even in the spirit of the wise man of old: *Amat qui castigat*, he who loves, chastises.

Nux affects the alvine secretions very powerfully. An apothecary, while preparing the extract of Nux, inhaled the vapors. Towards evening he was seized with pinching in the abdomen, ate little, went to bed, and was awakened at ten o'clock by the most violent vomiting and purging, which continued until six o'clock in the morning. The whole of next day he felt sick at the stomach, ate nothing and was very thirsty.

This interesting case exhibits a picture of

Cholera Morbus, of which we may avail ourselves in practice. A case of cholera morbus, characterized by such symptoms, and caused by a cold, by eating heavy or indigestible food, will most probably yield to Nux.

Nux causes small discharges of mucus, with pressing or even some tenesmus; hence in

Dysenteric Diarrhœa, where these characteristic evacuations prevail, Nux will be found a curative agent.

According to our provings, Nux does not, properly speaking, cause diarrhœa, except under certain circumstances. Nux, for instance, causes

Diarrhœic Stools followed by expulsion of hard fæces. This condition of the bowels, alternate diarrhœic and solid stools, especially when connected with liver-complaint, is an indication for Nux.

Nux causes discharges of green mucus excoriating the anus; the stools in general may cause a burning at the anus. Hence in

Bilious Diarrhœa, Nux may be useful, especially if the evacuations are preceded by a pinching pain; the discharges may also be accompanied by a good deal of flatulence.

Nux has cured

Diarrhœa, with cutting pain in the lower bowels, shooting down the thighs.

In Horn's Archives, a fine cure of

Chronic Diarrhœa is reported. A middle-aged man had been affected for months past with watery diarrhœa. The discharges had a bilious appearance, and took place six or eight times in the twenty-four hours. Gradually anasarca had developed itself to a considerable extent. The appetite was less; thirst increased; the patient never perspired; the skin had a sallow, cachectic tinge. Nux vomica was given in pills, some six to eight grains daily. Gradually the diarrhœa ceased, the urinary secretions increased, the anasarca disappeared, and, after having been under treatment for five weeks, the patient was completely cured. No other medicine was given during the whole of the treatment but Nux.

In reading the report of this case, the question presented itself to my mind: Shall we repudiate such experience as this, simply because a large dose was employed? Far be this from us; we desire to know the truth, and nothing but the truth. Chronic diarrhœa is sometimes an obstinate complaint, and it may be well for us to know that we sometimes fail in curing this affection, because we do not administer the specific drug in proper quantitative proportions.

This case may teach us another great lesson. It teaches us the propriety and even the necessity of adhering to a drug which is specifically homœopathic to a case. When we read reports of cases where a dozen medicines were experimented with, agreeably to the good old dogma, "*Experimenta facere in anima vili*," experiment upon vile souls—yes, a dozen medicines in a case that remained essentially the same from the beginning to the end of the cure—we are seized with a feeling of pity at so much ignorance and recklessness. Why give a dozen medicines, if the essential nature of the case remains unchanged? Here it is where Old-School physicians may teach us a lesson fraught with useful results. The idea of specific relation has been abused by Old-School practitioners. An Old-School practitioner reads of a cure of epilepsy by Nux; he at once jumps at the conclusion that Nux will cure epilepsy, and all his epileptic patients are treated to a mess of Nux. He prescribes, not for a disease, but for the name thereof. Some patients may recover under this empirical mode of prescribing; others may improve; but there will be many whose cases are not reached by the drug. Woe unto these poor unfortunates, if their physician should happen to be endowed with an unusal organ of firmness and adhesiveness. These patients *must* get well with Nux, and if they do not, he poisons them half to death. This is *empirical* specific treatment, with which homœopathic specific treatment has nothing to do. Specific homœopathic treatment is based upon the idea that a drug represents sensually or materially the immaterial morbific essence which excites abnormal pathological processes in the organism; this drug alone can wipe out a pathological process by removing from the organic tissues the morbific essence of which it constitutes the visible type in nature. As long as the morbific essence remains the same, the drug should not be changed; we may administer it in larger or smaller quantities, in high or low potencies, at longer or shorter intervals; but we are only justified in substituting some other drug

in its place, if the morbific essence has yielded up its place to some other analogous morbific principle. A mere apparent change in the symptoms does not justify a change of medicine. This change is only sanctioned by a change in the inmost nature of the pathological process, indicating some other drug as its typical representative or symbol.

How are we to know whether such a change is real or only apparent? In other words, how are we to learn to distinguish between essential and apparent truth? With a view to answer this question, let me invite you to look around into Nature and Society. Appearances surround your senses; it is only to the inmost reason that truth is revealed. All nature deceives us; the stars deceive us; the very sun that quickens our inmost vitality, deceives us; the glistening forms, the set formulas, the rigid conventionalities, the stereotyped prayers of Society deceive us. So do the symptomatic appearances of disease. You must learn to interpret them. The study of drugs and of pathology in connection with the physiology of the normal functions, is one great avenue of knowledge. But you must acquire this knowledge thoughtfully, understandingly, not after the fashion of boyhood, but after that of Paul: "When I was a child, I spoke as a child; but now I have become a man, and I have put away childish things." No man can become a physician in the sight of Heaven who is not endowed with the heart and soul of a good man, and with the brains of an honest and enlightened philosopher; without this endowment he may manage to be a tolerably successful tinkerer in therapeutics, and, with a certain amount of cunning, smoothness and measured respectability, he may elevate himself to a deaconship in the Church, or he may transform himself into a walking money-bag in Wall street; but in the book where the Angel of the Eternal Father records the name of every good and true physician his place will be a blank.

Moderate doses of Nux cause a torpor of the bowels; hence homœopathic physicians employ Nux in

Constipation, when this condition is characterized by the following symptoms:

Constipation as if the bowels were not sufficiently active;

Constipation as if the bowels were constricted;

Constipation with rush of blood to the head;

Constipation with insufficient passage of fæces; sensation as if more had to be expelled, which had been retained on account of the constriction of the rectum.

The constipation which Nux will relieve, seems to be connected with derangement of the liver, deficient secretion of bile through the ductus choledochus. Hence deficiency of peristalic action, lumpy agglomeration and pale color of the fæcal mass.

Constipation attended with a good deal of ineffectual and frequently repeated straining; or constipation caused by abuse of coffee, spirits, or arising from sedentary habits, may yield to Nux.

Constipation arising from spinal irritation, often yields to Nux vomica.

We find that Nux causes a sharp and painful pressure in the rectum after stool, or in the night, or at other periods; hence in

Proctalgia, Nux may be found useful.

We are also informed that Nux causes constriction of the rectum and anus; hence in

Stricture of these parts, Nux may be necessary.

In *Paralysis of the Rectum,* Nux may be found the best means of restoring the irritability of the muscular fibre. This paralysis may exist by itself or as a symptom of general paraplegia. It may likewise result from a concussion of the lower portion of the spinal marrow. It may be necessary to resort to the strong tincture of Nux, or to its alkaloid Strychnine.

Nux being possessed of a power to weaken the contractile energy of the muscular fibre,

Prolapsus of the Anus may result; Nux has cured this affection. Dr. Koch cured a case by using injections of cold water, mixing with every injection from six to eight drops of a solution of twelve drops of the strong tincture of Nux in two drachms of dilute alcohol.

Nux causes hæmorrhage from the anus, pressing in the rectum, burning, stitching, and other symptoms such as are frequently present during an attack of piles; hence in

Fluent Piles, with pressing in the bowels, rigidity in the small of the back, headache, rush of blood to the head, Nux may prove very useful.

In conclusion let us not forget that Nux affects the abdominal integuments and the liver.

In the abdominal muscles it causes a twitching, soreness, numbness and tingling, a sort of rheumatism of these integuments.

A butcher had heated himself by walking, and while perspiring profusely, he exposed himself to a draught of air and drank a quantity of cold beer. He was taken with soreness, numbness and tingling of the abdominal integuments. A drop of the tincture of Nux in a tumblerful of water cured him at once.

In the region of the liver Nux causes the following symptoms:

Throbbing pain in the region of the liver as from an ulcer;

Fine, stinging pain in the region of the liver;

Creeping chills in the region of the liver;

These symptoms justify the use of Nux in

Liver-complaint, chronic hepatitis, induration of the liver, where similar symptoms exist.

Nux has also this symptom:

"Jaundice, with aversion to food and short fainting-turns; afterwards he feels weak and sick."

This symptom tells us that in

Chronic Jaundice, Nux may be available; also in liver-complaint, if jaundice is a characteristic symptom.

URINARY GROUP.

In the case of poisoning related by Ollier and quoted by Pereira, we were told that the urine had passed off involuntarily.

For *Incontinence of urine*, Nux has been administered with the best effect by eminent practitioners of both Schools, it may depend upon paralysis of the sphincters. For the

Nocturnal Enuresis of children, Nux has likewise been used with good effect.

Nux causes painful, ineffectual urging to urinate; it also causes a pressing in the neck of the bladder after urinating. Hence in

Strangury, we shall find Nux indicated, especially if the strangury depends upon chronic irritation of the lower portion of the spine.

Nux causes this symptom: painless discharge of a tenacious mucus from the bladder, when urinating. This symptom indicates the use of Nux in

Catarrh of the bladder; it may be accompanied by weakness and pain in the small of the back, burning and itching in the urethra; a feeling of irritation in the region of the bladder. A condition of this kind may also arise from suppressed piles.

Another symptom which Nux causes, may, perhaps, lead to the use of Nux in

Diabetes Mellitus; it is this symptom: "A pale-colored urine is emitted, followed by the discharge of a thick, whitish, puriform matter, attended with burning pain. Unfortunately, this secretion has not been subjected by Hahnemann to the action of appropriate reagents; we are therefore unable to decide concerning the presence of saccharine matter in this secretion; but in view of the remarkable action which Nux has upon the functions of the liver, we may certainly feel justified in recommending Nux in diabetes mellitus.

In *Paralytic Retention* of urine, Nux will be found available, more particularly if the torpor of the muscular fibres can be traced to irritation of the lower portion of the spine.

SEXUAL GROUP.

Nux vomica acts very powerfully upon the sexual organs of both the male and female.

Moderate doses of Nux seem to cause an increased irritability of the sexual organs, manifested by involuntary emissions and frequent erections. We shall therefore find Nux indicated in

Nocturnal Emissions, if they characterize a general abnormal excitability and plethora of the sexual organs.

On the other hand, the provings of Nux distinctly show that it depresses the sexual energies; for it causes, according to the record: "Nocturnal emissions without erections, followed by weakness and relaxation of the parts." It also causes: "Sudden relaxation of the parts during sexual intercourse, a state of impotence." It would seem therefore that Nux may prove useful in

Impotence, where Trousseau and Pidoux have employed Strychnia with success. Nux or its alkaloid is particularly useful in impotence caused by self-abuse, or abuse of spirits, coffee, or by sedentary habits and mental exertion.

Nux causes a constrictive pain in the testes; with heat and stitches in the testes; we have cured with it

Spasmodic Pains in the spermatic cord, swelling, hardness and drawing up of the testes. The consequences of

Self-abuse, involuntary emissions, impotence, involuntary discharge, of prostatic fluid, perhaps with retraction and swelling of the testicle, may require Nux vomica.

The action of Nux upon the female organs of generation is likewise indicative of its use in several abnormal conditions. We find that Nux causes premature menstruation: the menses are generally more scanty than usual and attended with cramps in the bowels.

The appearance of the menses is accompanied with other characteristic symptoms, such as: Nausea, chilliness and fainting turns; the chilliness may be succeeded by internal heat, dryness of the lips; it is attended with a most distressing headache as though the eyes should be pressed out of their sockets.

In accordance with this record, we recommend Nux in

Dysmennorrhœa, with premature discharge, rather scanty and characterized by the symptoms of cerebral congestion and attending chilliness to which we have alluded.

One record reads as follows: "Contractive, crampy pains in the lower bowels, followed by discharge of bloody coagula." Hence in

Dysmennorrhœa, where the appearance of the menstrual blood is ushered in by such pains, and where the blood is expelled in the form of coagula, Nux may be of eminent use.

These distresses attendant upon premature menstruation, may likewise exist if the menses appear after the regular period. Nux may be of use even in this case; for we see it stated that Nux has actually retarded the appearance of the menstrual discharge.

Again the menstrual discharge may seem scanty, but it may be of too long duration, weakening, sickening; Nux may correct this condition of things, which we might designate as a peculiar form of

Menorrhagia, a continual dribbling of the menses.

Nux may prove of service in

Amennorrhœa, when depending upon irritation of the lower portion of the spine; or when accompanied by spasmodic rigidity of the uterine fibres. In such cases the consensual symptoms of congestion of the gastric organs and of the head, nausea, violent frontal or general headache, with burning and swelling of the eyeballs, chilliness, and perhaps distention of the abdomen and dragging, bearing-down pains in the small of the back, may afford us important indications.

Nux has also been used by homœopathic physicians for

Prolapsus of the Womb and Vagina; it removes the sense of weight and bearing-down which often gives rise to the suspicion that

prolapsus exists; it is particularly afficacious, if these symptoms occur among a group of uterine disorders to which Nux is generally homœopathic. It may undoubtedly be possesssed of a power to restore the contractility of the relaxed ligaments.

Nux has caused: "Swelling of the internal pudendum, with burning pain which rendered contact unpleasant." And likewise: "Discharge of yellow mucus from the vagina which sometimes has a bad smell."

In accordance with these indications, we may recommend Nux for

Leucorrhœa, a discharge of yellowish mucus from the vagina, with swelling and soreness of the internal lining membrane. A leucorrhœa of this kind may set in very copiously in place of the menses, or as a continuation of the menstrual discharge.

In these menstrual disorders we have found Nux from the 3d to the 30th the most available potencies; the 2d or even 1st, may be required in some cases.

CATARRHAL GROUP.

This drug has been employed by homœopathic physicians in

Catarrhal Irritation of the Schneiderian membrane, with or without discharge from the nose; or with discharge of blood, tingling and itching in the nose; also in

Old Catarrh, with discharge of foul blood and mucus, bad smell in the nose.

The provers of Nux have recorded as one of the effects of this drug a *Cough* of a spasmodic nature, dry and racking, causing a soreness in the throat-pit, or in the pit of the stomach; also a cough as if the head should split, or a cough exciting vomiting.

Some homœopathic physicians profess to have seen good effects from Nux in the treatment of cough which seemed to be in sympathetic relation with certain gastric derangements. I have not been so fortunate; nevertheless it is well not to overlook this statement.

We may perhaps be able in some cases to trace a catarrhal irritation of the lining membrane of the lungs to some lingering derangement of the liver. Under these circumstances, the peculiar sallow or jaundiced appearance of the patient, and the soreness in the epigastrium and region of the liver, which may not be experienced by the patient until hard pressure is made in those parts, will undoubtedly determine our diagnosis.

In Bernhardi's Journal a case is reported illustrating in a very characteristic manner the connection between the lungs and liver, or, if you please, the dependence of a catarrhal irritation of the pulmonary lining membrane upon liver-complaint.

A young blacksmith had been subject for years to paroxysms of cough attended with dull pain deep in the thorax, with more or less

copious expectoration of slimy sputa, dyspnœa, general debility, night-sweats, emaciation, accelerated pulse, mucous râle along the larger bronchial ramifications. The patient had gradually sunk into a condition which his friends looked upon as the beginning of phthisis. His father had died of this disease. The patient looked jaundiced. He was put upon the use of the ordinary alcoholic tincture of Nux, and in two weeks he was completely cured without the supervention of any critical or medicinal symptoms.

THORACIC GROUP.

You recollect the splendid cure of asthma to which I alluded in my first lecture on Nux. The patient was constantly exposed to the vapors of oil-cakes, to damp weather and other irritating causes. Hahnemann cured him with the pulverized Nux given in grain-doses.

The provings of Nux show that this agent causes:

Shortness of breath;

Asthmatic constriction across the chest when walking or going up stairs;

Dyspnœa and anxiety increasing from hour to hour, until sweat breaks out;

The constriction is accompanied by a severe aching pain;

Feeling of warmth in the chest, causing anxiety, uneasiness and sleeplessness;

Soreness of the sternum;

Throbbing and stitching pains in the chest;

Shocks in the region of the heart, with palpitation.

These effects of Nux show most conclusively that it must be useful in *Spasmodic Asthma*, if the muscles of the chest become rigid and hard during the attack, the patient is oppressed with anxiety as if he should suffocate, wheezing breathing, a cold sweat starting out upon his brow. The attack may seem to proceed from a deep-seated aching pain under the sternum, and, after the attack, the patient may complain of soreness under the sternum; the soreness may be only felt all along the breast-bone, or it may extend from the breast-bone laterally toward the shoulder. Copious vomiting of phlegm eases the paroxysm.

Nux causes *shocks* and *palpitation of the heart*. These symptoms may occur during a paroxysm of asthma, or in consequence of a peculiar idiopathic irritability of the heart, a sort of

Spasm of the Heart, which may be excited by some sudden, violent irritating emotion, anger, disappointment.

FEVER-GROUP.

Nux is not adapted to acute fever; but in some chronic forms of fever, it may prove a most useful agent. We find it indicated in

Gastric fevers, with foul taste, slimy, yellowish or grayish coating on the tongue, chilliness followed by heat, flushed and warm face,

headache, nausea, dark-yellow urine with whitish or brown sediment, constipation, prostration, pulse slightly irritated. In some forms of

Intermittent fever, Nux may prove very efficient, especially if the paroxysms set in every day, with chilliness followed by heat all over, flushed face, coated tongue, loss of appetite, weariness, dark urine, depositing a whitish cloud; the thirst is only felt during the heat. During the fever the patient may complain of oppression on the chest, anxiety, palpitation of the heart, all of which symptoms are relieved as soon as the sweat breaks out; the sweat may have a strong and even fetid smell.

In fevers of a typhoid character, Nux is not indicated by the known effects of this drug. In

Rheumatic or *Arthritic fevers* of a chronic type, with gastric symptoms, loss of appetite, soreness of the flesh, costiveness, weakness of the joints, oppression, chilly feeling at night, followed by heat and sweat, weakness and aching, laming pains in the back, Nux may be a good remedy. The prevailing type or genius of disease, although assuming a variety of forms in different cases, may find in Nux its most universal representative. The doctrine of a typical genius of disease may be of great use to us in practice. In one epidemic it may be Arsenic; in another Nux, in another Aconite or Mercury. In epidemics of a rheumatic or arthritic character, Nux may undoubtedly be one of the typical representatives or correspondences of the disease.

EXANTHEMATOUS GROUP.

Nux does not seem to be distinguished as a remedy for eruptive diseases. It causes however furious itching and formication. In

Prurigo, attended with irritation of the gastric organs, to which Nux seems homœopathic, we may find this agent eminently useful. Pathologically the prurigo may be represented by a

Rash, fine, red little stigmata; we find this itching and burning rash described by some provers.

In Dierbach's great work on Materia Medica and Therapeutics, the following interesting case is described, where, under the action of Nux, a remarkable eruption made its appearance.

A young man, aged twenty years, whose left arm was completely, and whose right arm was partially paralyzed, was put on the use of pills composed of equal parts of the extract and powder of Nux, and weighing two grains each. Gradually increasing the dose, he finally took six pills morning and evening. On the twelfth day he was attacked with a raging pain and shuddering of the right arm, with violent redness and swelling of the limb and breaking out of *Pustules* which seemed to form an almost confluent eruption and gradually spread over the whole body. The paralysis improved in proportion. Six days after the eruption had appeared, it dried up and fell off in large whitish scales. The patient continued his pills, and the eruption broke out a second time, preceded by rigidity of the limb. From sixteen pills daily which the patient had taken, he

now came down to eight; the sixteen pills had caused shocks and tetanic rigidity; the eight pills caused heaviness of the tongue and a hurriedness in all his motions. Gradually he only took one pill a day; the eruption broke out twice more, but only in the shape of small vesicles, which dried up, and left the patient perfectly cured

SLEEP.

Nux causes heat and restlessness at night, frightful dreams. We may prescribe it for the

Sleeplessness of drunkards, and also for

Night-mare, when arising from bad digestion, abuse of spirits.

MENTAL GROUP.

Nux is eminently adapted to

Hypochondria, when arising from, or accompanied by liver-complaint. Even when the hypochondria increases to

Suicidal Mania, Nux may still be an efficient remedy. Irritable temper is characteristic of Nux.

LECTURE XLVI.

OPIUM.

(*Papaver somniferum, poppy.*—Nat. Order:—PAPAVERACEÆ.)

THIS is one of the most anciently known plants. Homer speaks of the poppy (mecon) growing in gardens; it was employed by Hippocrates, and is mentioned by Theophrastus, Dioscorides and Pliny. The word Opium is derived from the Greek *Opos* (juice), the juice *par excellence*, as the flower of rosemary has been called *anthos*, and the cortex cinchonæ, *the bark*.

Opium is derived from the poppy. We have the black and white poppy; the seeds of the black variety are black and the leaves reddish; those of the white variety have white seeds and white petals.

The flower is annual, the stems from three to four feet high, leafy, smooth, glaucous; leaves alternate, large, irregular, lobed, deeply serrated; flowers large, petals of a purplish-white, with a large violet spot at the base of each; the whole plant is glaucous and smooth, except that the flower stalks sometimes bear a few scattered, bristly hairs.

Papaver somniferum is a native of the East, extensively cultivated in Turkey, Persia, and India, and other warm climates; it has become naturalized in a great many European countries and in some States of the Union.

The method of obtaining Opium is sufficiently simple. Mr. Charles Tenier thus describes the process of obtaining Opium followed in

Asia Minor, "A few days after the flower has fallen, men and women repair to the fields and cut the heads of the poppies horizontally, taking care that the incisions do not penetrate the internal cavity of the shell A white substance immediately flows out, and collects in tears on the edges of the cuts. In this state the field is left for twenty-four hours, and, on the following day, the Opium is collected by large blunt knives. Each head furnishes Opium once only, and that to an extent of a few grains. The first sophistication it receives is that practiced by the peasants who collect it, and who lightly scrape the epidermis from the shell to augment the weight. This operation adds about $\frac{1}{12}$ of foreign matters. Thus collected, Opium has the form of a glutinous and granular jelly. It is deposited in small earthen vessels, and beat up with saliva. When asked why water was not employed in place of saliva, the answer was that water caused it to spoil. It is afterwards enveloped in dry leaves, and in this state it is sold. The seeds of those poppies which have yielded Opium, are equally good for sowing the following year."

In commerce several varieties of Opium are known:

1. *Smyrna Opium;* this is the Turkey or Levant Opium of commerce, which comes in rounded, flattened cakes covered with the leaves of rumex. This is considered the best commercial Opium, although sometimes found largely adulterated with stone and gravel. It yields more morphia and meconic acid than either Constantinopolitan or Egyptian Opium.

2. Constantinopolitan Opium; this is of unequal quality, but generally considered inferior to the Smyrna variety.

3. Egyptian Opium, inferior to either of the former; it does not blacken by keeping.

4. Trebizond Opium, or Persian Opium. This comes in the form of cylindrical sticks enveloped in a smooth, slimy paper, and tied with cotton; said to be very inferior.

5. *Indian* Opium.

6. Native European and American Opium. Excellent Opium is grown in Germany, France and England, and likewise in Ohio and Georgia. The late Dr. Anthony of Georgia, made excellent Opium, and in considerable quantity, during the last war with Great Britain. Opium thus grown, is of course more reliable in one respect at least than the Opium of our commerce: it is not adulterated. The commercial Opium is often very much adulterated. An inspector of drugs for the port of New York announced officially that from July, 1848, to May, 1849, he had rejected 3300 pounds of Opium as spurious; Opium, too, which had been imported from Smyrna, Marseilles and London.

When a lump of Opium is broken, the interior should present a pretty uniform, brown color, and have a strong opiate smell as well as the marked opiate taste. It should look like a homogeneous mass. If the interior shows dirt, small pebbles, pieces of leaves and sticks, having also a burnt odor, the inference is unavoidable that the article is not pure.

Besides these foreign matters, the masses of Opium which are sent to us, sometimes contain leaden balls in the centre, by means of

which the weight is increased. These leaden balls are sometimes added to Opium of valuable quality, but are also found in the most defective samples. These and similar adulterations show how necessary it is that those who purchase raw Opium should carefully examine the article before using it. A fine outside is no guarantee that the interior is perfectly pure.

From this drug we obtain both triturations and an alcoholic tincture. The tincture of Opium is generally termed laudanum, or thebaic tincture, or liquid laudanum. Laudanum may be made by taking an ounce of the best Opium, bruise it well, and digest it with a pint of the best brandy. Each fluid ounce contains thirty grains of Opium.

A preparation which is frequently employed by allœopathic physicians, is black drop, also termed Quaker's drop. This is an acetic tincture of Opium. Homœopathic practitioners do not make use of this preparation. It is generally made by boiling half a pound of Opium in slices, in four pounds of vinegar, and afterwards adding one-fourth of a pound of sugar and two tablespoonfuls of yeast. The mixture has to be put in a warm place to ferment for the space of six weeks. Then decant, filter and bottle, adding a little sugar to each bottle. The opiate strength of this preparation is three times greater than that of common laudanum.

The most common constituents of Opium are: morphia, narcotina, codein, meconic acid, a caoutchouc-like substance, and a variety of other less-important substances.

From Morphia we obtain salts, the acetate and sulphate of morphia. The sulphate is most commonly used; it looks like quinine. If we do not know which of these substances we have before us, put a little of each salt on a water-crystal, and add a drop of nitric acid to it; the Morphia will become deep red, and the quinine yellow. We cannot distinguish them by the taste, both salts being bitter. A dose of Morphia, in allœopathic practice, is from one-quarter to one-eighth of a grain, equivalent to thirty or sixty drops of laudanum.

From time immemorial Opium has been used as an anodyne, a sedative, an antiphlogistic, a soporific, an antispasmodic agent; in order to attain these various ends, the drug has often to be administered in enormous doses. The largest medicinal dose of Opium on record, for any purpose, is, I believe, forty grains. This dose was given by Dr. Binns of Liverpool, in 1798, in a case of insanity. In four hours after, a scruple was given with the effect of complete restoration.

Concerning the native Opium, different opinions have prevailed regarding its capability of yielding Morphia. According to the statement of Dublanc and other chemists who have made this subject a point of special inquiry, Morphina is found in native poppy-heads in variable quantities. Be this as it may, the dangerous and, indeed, poisonous properties of native poppy-heads have been shown by the incontrovertible testimony of experience.

Dr. Profferio, for instance, took an injection consisting of the juice of green poppy-heads, and was immediately attacked with burning

in the bowels and a most violent colic. The general opinion has been that Opium does not cause pain, but hushes it up. We shall hereafter offer additional testimony to show that this sweeping generalization is incorrect.

Professor Wendt of Copenhagen, mentions the case of a child six months old who had been fed with a milk-soup in which twenty poppy-heads had been boiled. Next morning the child way lying in deep sopor, with its eyes half open and distorted, and the extremities cold. His life was saved by the internal use of vinegar, vinegar-fomentations and injections.

Another child, after eating the seeds of a few unripe poppy-heads, was attacked with drowsiness, violent headache, difficulty of breathing and vomiting of a grayish mucus mixed with poppy-seed. The drowsiness soon increased to continued and deep sopor, moaning and occasional twitching of the body. The child was restored by cold affusions.

I may yet mention the case of a little boy, four years old, who after eating the seeds of a few unripe poppy-heads, was attacked with immobility and apparent insensibility, slow and deep breathing, paleness of the face, extreme mobility and depression of the lower jaw, and dilatation and insensibility of the pupils. The pulse was very small and slow, the skin of the extremities cold as marble, the muscles relaxed and deglutition difficult. Ipecac. induced frequent vomiting of a green, tenacious, sour-smelling mucus, mixed with fragments and seeds of poppy-heads; this, together with injections of vinegar saved his life.

An interesting case of poisoning by poppy-heads, and the last which I shall mention, occurred on a farm in the Duchy of Hessen. A number of cattle were fed one evening on distillery-swill mixed with poppy-heads from which the seeds had been removed. That night, and on the morning following, the cattle were attacked with a restlessness which almost bordered on rage, and with obstinate constipation. The milk likewise ceased to flow. They were speedily restored by means of the sulphate of soda which moved their bowels, and by injections of vinegar, soap and oil.

Poppy-heads constitute an article of the officinal pharmacopœias of most countries. We prepare a watery extract by maceration and evaporation, and likewise an alcoholic tincture from the ripe and dry poppies which is supposed to contain about half the strength of pure Opium.

These few cases of poisoning by the green seeds of poppy-heads may give you an idea of the powerful narcotic properties of this poison. Before describing the toxicological effects of this agent, let me first advert to the abuse which Oriental nations make of this drug for the purpose of intoxicating their degraded fancy and intellect. Smoking is very frequently resorted to for this purpose.

Lord Jocelyn, Secretary to the Diplomatic Mission to China in 1841, has furnished some interesting details concerning this subject. "In Singapore," writes the Secretary, "I took the opportunity of visiting the opium-smokers in their homes. It is an offensive spectacle, though, at first, not as repulsive as the sight of an intoxicated

drunkard whom vice has degraded to the level of a beast. Nevertheless the stupid smile and the lethargic apathy of the opium-smoker are more horribly frightful than the beastly condition of a drunkard. Every other feeling yields to pity on beholding the colorless cheeks and the vacant and staring eyes of the opium-smoker.

"A street, situated in the middle of the city, is lined with shops which are arranged for the sale of Opium. In the evening, after the close of business, a number of miserable Chinese assemble in these shops for the purpose of gratifying their passion. In a few days even, after commencing this vile practice, the face begins to look sickly and the eyes stare. In a few weeks or months, the opium-smoker, even if at first robust and healthy, is reduced to a state of imbecility and emaciation. About nine o'clock in the evening the effects of opium-smoking may be witnessed in these shops. Those who have only smoked one pipe indulge in a senseless talking and laughing; others, who have poisoned themselves more intensely, are lying about on the sofas, motionless, and with a stupid smile in their features, unconscious of what is passing around them, and entirely absorbed in their infernal delight. The last scene of this drama has to be witnessed in a separate apartment, a real charnel-house. There those who have reached a condition of ecstasis, are extended with cadaveric rigidity, a symbol of death which speedily overtakes them."

Dr. Thompson, who has written an interesting treatise on Opium-poisoning and its antidotal treatment, says that the opium-eaters of Constantinople meet every day at the bazaar, a sort of exchange, where they indulge their deadly habits. They swallow the Opium made into pills, in a glass of water. After the lapse of about forty minutes, they are transported with a sort of delight. The previously pale face is suffused with redness, the eyes glisten, the expression of the countenance becomes wild and unnatural, and they are extremely talkative. This condition is only temporary, and the consequences are truly heart-rending; emaciation, trembling of the limbs, violent pains, insatiable desire for sexual intercourse with inability to gratify it, shrinking of the gums, falling out of the teeth, and paralysis are the ultimate consequences of this dreadful vice of Opium-eating, which, if begun at the age of twenty, generally destroys life at the age of thirty-six.

The vice of Opium-eating blunts the susceptibility of the system to such an extent that enormous quantities of Opium can be taken into the stomach without producing any other than ordinary stimulating effects. The author of "Confessions of an Opium-eater" states that he took one hundred and thirty grains of Opium per day, not by accident or mistake, but as a habit. Professor Mitchell tells of a literary man who was at the same time a physician and author of renown, and took one hundred and sixty grains a day without being satisfied by such a dose. Russel tells even of a Turk in Smyrna who was in the habit of swallowing daily one hundred and eighty grains, and even increased the dose. In diseases such as cancer, where Opium is habitually resorted to as a palliative, patients

finally acquire the faculty of consuming as much as three pints of laudanum daily, besides solid Opium taken at intervals. The continual use of the poison gradually begets a longing for it, and this accounts in a measure for the fact that such enormous doses are used, which are certainly not required for purposes of palliation. Dr. Christen, in his history of chemical and pharmaceutical inventions, mentions the well-known fact, that the celebrated author of the Brunonian system, in propounding his theory to his pupils, was in the habit of taking forty or fifty drops of laudanum in a glass of rum before and during his lecture. A distinguished pupil of Brown, on calling upon his preceptor one morning at an early hour, was surprised, as he entered the master's study, to hear him in the act of giving this order to his daughter: "Eppie, my dear, gie me the moderate stimulus o' one hundred and fifty drops of laudanum in a glass o' whisky."

Brown succeeded in fastening the idea of the stimulating properties of Opium upon the professional mind. Ranging all vital phenomena under the one universal formula of "Incitability," he regarded diseases as abnormal states of incitability, be it either more or less. Food, wine, bark and Opium were his great stimulants in disease. Aside from the physiological absurdity of ranging food and medicine in the same category, it is not true, I repeat most emphatically, it is not true, that Opium is a stimulant. In regard to the action of drugs, Old-School therapeutists still find themselves where the astronomical public stood three hundred years ago, when Copernicus first discovered the true law of astronomy. They are governed by appearances, not by the realities of nature and reason. Thus it is that the most baseless doctrines have perpetuated themselves as medical creeds. There is no harm in calling a drug a stimulant provided we ascribe a proper understanding to the term; the wrong consists in supposing that a drug stimulates by furnishing food to the normal tissues. The case stands thus: If a drug stimulates, the stimulating effect is not derived from the drug, but from the brain. The drug depresses the functional activity, but the brain sends instantaneous assistance to the assailed organ or tissue. And this assistance is more than proportionate to the assault. Hence the appearance of stimulation, of increased vitality which is sooner or later followed by corresponding exhaustion.

With these explanations before our mind's eye, we shall be able to read understandingly Pereira's classification of the effects of Opium on the human system. He distinguishes three degrees of operation.

"*First degree.* In small doses, as from a quarter of a grain to one grain, Opium generally acts as a stimulant, though in this respect the symptoms are not uniform. Usually the vascular system is somewhat excited, and a sensation of fullness is experienced about the head. Dr. Crumpe took one grain of Opium when his pulse was at seventy; it first rose to seventy-six and then went back again to seventy.

"The excitement in the cerebral vascular system is accompanied by alterations in the condition of the nervous functions. The mind

is usually exhilarated; the ideas flow more quickly; a pleasurable or comfortable condition of the whole system is experienced, difficult to describe; there is a capability of greater exertion than usual. The symptoms are followed by a diminution of muscular power, and of susceptibility to the impression of external objects; a desire of repose is experienced with a tendency to sleep. While these effects are taking place, the mouth and throat become dry, and hunger is diminished, though the thirst is increased, and slight constipation usually follows. Such are the ordinary effects of a small dose of Opium on persons unaccustomed to its use. By repetition, however, its influence becomes considerably diminished; and those, therefore, who resort to it for the purpose of producing a pleasurable excitement, are obliged to augment the dose to keep up an equal effect."

"*Second degree.* Given in a full medicinal dose, as from two to four grains, the stage of excitement is soon followed by that of depression. The pulse, which at first is increased in fullness and frequency, is afterwards reduced below the natural standard. The skin becomes hot; the mouth and throat dry; the appetite dimished; the thirst increased; and frequently nausea, or even vomiting is induced. The symptoms of excitement soon pass away, and a state of torpor succeeds; the individual seems indisposed to exertion; the muscular system appears enfeebled; the force of external impressions on the organs of the senses is diminished; and the ideas become confused. This state is followed by an almost irresistible desire of sleep, which is frequently attended by dreams, sometimes of a pleasing, at others of a frightful nature. These effects are usually succeeded by constipation (which may continue for several days), by nausea, furred tongue, headache and listlessness.

"*Third degree; poisonous effects of Opium.* Dr. Christison sums them up as follows: 'The symptoms of Opium, when it is administered at once in a dangerous dose, begin with giddiness and stupor, generally without any previous stimulus. The stupor rapidly increasing, the person becomes motionless and insensible to external impressions; the breathing is very slow, the patient generally lies quite still, with his eyes shut and the pupils contracted; and the whole expression of the countenance is that of a deep and perfect repose. As the poisoning advances, the features become ghastly, the pulse feeble and imperceptible, the muscles exceedingly relaxed, and, unless assistance is speedily procured, death ensues. If the person recovers, the sopor is succeeded by prolonged sleep, which commonly ends in twenty four or thirty-six hours, and is followed by nausea, vomiting, giddiness and loathing of food.'"

After these interesting statements, let us hear what our own great teacher has to say in reference to this subject; his remarks constitute the introduction to his Provings of Opium, in the second volume of the Materia Medica Pura. I find a correct translation of these remarks in the English "Flora Homœopathica," a portion of which I will take the liberty of reading to you, in order to show, first, the fallacious manner in which Opium is used by allœopathic physicians, and secondly, in order to correct a few misapprehensions in Hahnemann's own statements.

"The primary result of weak and moderate doses appears to be to excite for a short time the irritability and activity of the muscles subject to its action, to excite the imagination and the courage, to relieve suffering. It is this property which has induced physicians to employ it so largely: a source of numberless evils. If the use of Opium in disease were as beneficial as it is frequent, no other medicine would make so many cures; but exactly the reverse takes place.

"In all kinds of cough, diarrhœa, vomiting, sleeplessness, melancholy, spasms, nervous affections, and, above all, in severe pain, Opium is indiscriminately given, on the ground that it is the best remedy in such cases. But its innumerable evil results do not appear among the primitive effects of Opium, which are exactly the reverse.

"If Opium has been found to cure cough, diarrhœa, sickness, spams, etc., in a few cases, it is only when these symptoms first show themselves in persons previously in good health, and are but slight. In such cases, as for instance in a trifling cough caused by a recent chill, the trembling arising from terror, etc., Opium will sometimes restore the patient quickly to health; because, if these symptoms are at once destroyed, the body is restored to its former condition, and the tendency to their return is suppressed.

"But because this palliative action upon slight and recent affections succeeds in a few instances, it does not follow that Opium really possesses the power of curing them permanently in all cases.

"Opium has been abused by giving it in all kinds of pain, however deep-seated and of however long-standing. But Opium does not, strictly speaking, belong to the class of remedies that soothe and cure pain. It is almost the only medicine that does not excite a single pain during its primitive action. Other medicines elicit their own peculiar symptoms, and are therefore capable of curing homœopathically the symptoms resembling them. But Opium has not the power of effectually curing any kind of pain whatever, because, instead of exciting pain during its first action, it extinguishes the sense of it, the inevitable reaction of which causes greater sensitiveness than before, and consequently increases suffering.

"Therefore, all kinds of pain, soothed for the moment by Opium, return after a short time, when the stupefying effect is past, as bad as before, and very often still more intense; so that at last they will only yield to stronger and larger doses."

Beautiful, interesting, and eminently practical as these remarks are, they contain a few more or less important errors. According to Hahnemaun, "Opium has not the power of effectually curing any kind of pain whatever, because, instead of exciting pain during its first action, it extinguishes the sense of it, the inevitable reaction of which causes greater sensitiveness than before, and consequently increases suffering."

It is undoubtedly true that chronic pains cannot be cured by Opium; they may be palliated, but they cannot be cured by Opium. And even the palliative effects of Opium in chronic and inveterate

pains, cannot be sustained beyond a certain period; the susceptibilities of the tissues become so thoroughly blunted that Opium ceases to affect them, unless it is given in enormous and really poisonous doses. But there are pains to which Opium is generally homœopathic. In the Journal Universél de Médicine, a French publication, we read of a case of poisoning by Opium, where a soldier took two drachms of the solid drug, and died in six hours and a half, after being affected with lockjaw and dreadful spasms. For some time after swallowing the poison, the soldier had acute pain in the stomach. In another case of poisoning the accession of somnolency was attended with excruciating colicky pains of two days' duration. These cases show that Opium will sometimes act as an irritant poison. Another and more singular anomaly is the spontaneous occurrence of vomiting. Now, if we should be called upon to prescribe for a group of symptoms such as might occur in delirium tremens, where the violent cerebral irritation, the furious delirium, the excessive contraction of the pupils, or the comatose condition of the patient, with dilated pupils, deeply flushed cheeks, dark, livid complexion, parched and brown tongue and lips, should constitute prominent indications for the exhibition of Opium, vomiting and pain in the bowels, and even diarrhœa would not be a sufficient counter-indication to the use of this agent; for, it is a well-known fact, that, owing probably to some peculiar and inexplicable idiosyncracy, Opium will even cause diarrhœa in some individuals as a primary symptom of its action upon the intestinal canal. Even neuralgic affections of the nerves of sensation and of the Splanchnic nerves have been cured by the sole use of Opium; for it is undeniable that neuralgic pains are among the legitimate effects of the continued use of Opium.

I have to advert to another point in this introductory chapter which leads to confusion. "Opium," says Hahnemann, "has this distinguishing property, that in irritable persons who are unaccustomed to it, especially in large doses, it causes a reaction, beginning very remarkably, which is very rapid and often instantaneous, but which, either by its briefness, its rare occurrence, or its nature, must not be confounded with the principal and primitive effects of Opium. This reaction, rare and momentary, perfectly resembles the reaction of the human organism upon Opium, and may be called its shadow. The symptoms are: a deathlike paleness, coldness of the limbs and whole body, cold perspiration, anxiety, trembling, trepidation, but very seldom any degree of pain."

In this paragraph, Hahnemann distinguishes between the natural reaction of the organism and the reaction of the drug. This distinction seems to me fanciful, not real. The heat and dryness of the skin and the throbbing of the pulse, which succeed the chill and the vascular depression caused by Aconite, are not signs of a reactionary influence of the drug, but of the living organism. A distinction between the reaction of the drug and that of the organism seems to be a metaphysical subtlety which not only leads to no practical results, but is altogether hypothetical and indeed rejected by the intelligent minds of our School. What is the stimulating effect of a small dose of Opium? It is not the direct effect of the drug, but a

symptom of the organic reaction. The drug may be taken in such a large dose that the organic reaction may be entirely wanting. The symptoms which Hahnemann describes as those of medicinal reaction, are really signs of organic reaction. The deathlike paleness, the coldness of the limbs and whole body, the cold perspiration, the anxiety, the trembling and trepidation alluded to in the previous paragraph, denote the feeble, although unsuccessful endeavor of the organism to regain its normal condition.

Another point to which I desire to call your attention, is the fact that Hahnemann does not reject the use of palliative means in that unqualified manner which some homœopathists have deemed it essential to the dignity of homœopathy to assume. "If Opium," says Hahnemann in his introductory chapter to Opium, "if Opium has been found to cure cough, diarrhœa, sickness, spasms, etc., in a few cases, it is only when these symptoms first show themselves in persons previously in good health, and are but slight. In such case, as for instance in a trifling cough caused by a recent chill, trembling arising from terror, etc., Opium will sometimes restore the patient quickly to health, because, if these symptoms are at once destroyed, the body is restored to its former condition, and the tendency to their return is suppressed."

Here the use of palliatives is admitted, the legitimate use of course. The wrong would be to elevate to the rank of curative agents means which should only be used for purposes of palliation. It is perfectly consistent with the homœopathic law, and with the dignity and reasonableness of our practice to arrest a simple diarrhœa or a slight attack of colic with a little brandy. Who would refuse a helpless sufferer who is afflicted with an incurable malady and has to spend sleepless nights in perpetual agony and distress, a few drops of Morphine, if his pains can be quieted thereby, were it only for a short period, and if a few hours' sleep can be procured for the poor invalid? I have heard a homœopathic purist exclaim that, under these circumstances, we should stand idly by and do nothing; and again we have heard another homœopathic purist who died of acute gangrene, exclaim in his agony of pain: Give me laudanum!

Gentlemen, we practice Homœopathy not only because it is in itself true and conformable to nature, though this would be a sufficient motive for our adoption of this method of cure; we practice Homœopathy not only because this method of cure is a natural truth, but because it accomplishes the object it has in view, far more speedily, more pleasantly and more thoroughly than any other known system of treatment is capable of doing. Homœopathy, in our hands is a means, not its own end. The end is the restoration of health, the means is the application of remedial agents in conformity with the law "similia similibus." If any other law could secure the achievement of this noble end more adequately than the homœopathic law. we should be bound, by the spirit of our humane calling, to forsake the one and to adopt the other. Palliation of suffering is not opposed to, but may be a legitimate and highly useful accompaniment of curative medication. They constitute distinct orders of therapeutic

means. It behooves a wise practitioner to be fully acquainted with the rights and boundaries of each.

One point I beg leave to advert to before parting with my subject; it is the use of opiates and other palliative means for the purpose of quieting children. The opiate preparation which is generally used for such purposes, is paregoric. This is Opium digested in brandy, to which Camphor and the flowers of benzoin are added. One hundred and sixty drops of this tincture are equal to twenty of common laudanum, or one grain of Opium. Gentlemen, in your battles with the prejudices and confirmed habits of your patients, you will find it impossible to turn the waters of the Mississippi back towards their source. But let me entreat you ever to set your faces against the deleterious practice of poisoning poor, helpless infants with an opiate. We have more than one effectual means in our practice to relieve their distress. Our rhubarb, jalap, Chamomilla, Coffea and Aconite will prove far more potential in arresting their cries and banishing their wakeful hours than paregoric or catnep-tea. Still, the paregoric-affection is deep-rooted and wide-spread, and you will have to tax all your discretion and firmness in waging war against it. The catnep-epidemic is of a much milder sort; but although neither as dangerous or as injurious as the paregoric-mania, it is sometimes equally inconvenient, and embarrassing to a homœopathic practitioner. Let us ever endeavor to extirpate all such excrescences, root and branch, but let us ever act with humane forethought and kindness.

LECTURE XLVII.

Professor Dierbach, of Heidelberg, ranges the effects of poisonous doses of Opium in the following categories. The first category or series of symptoms comprises the following: nausea, occasional vomiting, sopor, insensibility to external impressions, slow breathing, closing of the eyes with disposition to lie on the back, contraction of the pupils.

In the second stage we have the following symptoms: redness of the face, profuse perspiration, sopor, stertorous breathing, although as a general rule the breathing is quiet and scarcely perceptible; there is an expression of anxiety and occasionally of rage in the features; the pupils are generally contracted to the smallest point; the patient sinks into a deep sopor from which he can only be roused for a moment by means of cold affusions; the pulse is hurried, feeble, contracted, imperceptible or irregular, and constantly tending to collapse.

The third stage is characterized by a pale, cadaverous, ghostlike expression of the countenance, relaxation of all the muscles, (except an occasional paroxysm of convulsions, or even lockjaw, especially among children), cold sweats, irregular, panting breathing, which is very speedily followed by death.

The bodies of those who are poisoned by Opium, have a livid appearance, and are rapidly decomposed. The cerebral vessels are turgid with blood, the arachnoid membrane is injected, the eyeballs protruded and red, the pharynx looks inflamed, the lungs are distended and filled with a fluid blood; the ventricles frequently contain bloody coagula, the vessels of the stomach and bowels are engorged, the kidneys are distended with blood and the bladder with urine.

In a case of poisoning, we first remove the poison by means of the stomach-pump or an emetic, sulphate of zinc. The narcotism may be combated with vegetable acids, especially vinegar, which may be given by the mouth if possible, and in the form of injections. Strong coffee is likewise a powerful antidote either way; cold affusions, stimulants, artificial respiration.

Chronic effects of poisoning by Opium, such as: headache, constipation, dryness of the tongue, want of sensibility of the pupils to the light, may be combated by means of Belladonna, Aconite and black coffee.

There is perhaps no drug concerning the action of which upon the living organism so many contradictory opinions have been promulgated, as Opium. This want of unity, or rather this confusion is owing to the cardinal mistake of confounding the primary action of the drug and the signs of organic reaction as effects of the same order. A confusion of this kind can only be prevented by keeping in one's mind's eye the rule, that the effect of small quantities of a drug is speedily followed by opposite phenomena of reaction, and that the true primary action can only be ascertained by means of quantities large enough to overcome the organic reaction at least for a time.

In Brown's System, Opium is a stimulant. Pereira likewise speaks of the stimulating property of small doses of Opium. It is admitted, however, by all unprejudiced allœopathic therapeutists, that these stimulating effects are very soon succeeded by the opposite symptoms of depression; the excited condition of the brain is followed by dullness of the sensorium; the vividness of thought and fancy by drowsiness and stupid dreams; the serenity of mind and the feeling of ecstatic delight by a gloomy depression of spirits and an utter listlessness, an indifference, a perfect apathy; the vital turgescence and increased exhalations of the skin by an unpleasant dryness and coldness of this organ; the powerfully excited sexual instinct by a total indifference to sexual enjoyments and even by impotence.

It is evident that these pretended stimulating effects of Opium are altogether illusory, and attributable to the smallness of the dose which is unable to make a permanent impression upon the living organism, and is, for a time at least, overcome by the reactive energies of the brain. I regard this doctrine of the primary action of drugs, and of the secondary action or reaction of the vital forces as a cardinal tenet among the doctrines of the Homœopathic School. It is a doctrine fraught with vital consequences both to the patient

and to the practitioner. The homœopathicity of a drug to a disease is not complete unless the primary action of the drug corresponds with the primary manifestations of the disease, and the signs of organic reaction excited by the drug, correspond with the phenomena of organic reaction excited by the disease. In the case of Opium, for example, sopor constitutes a symptom of the primary action of this agent; wakefulness of the brain or cerebral exaltation, vividness of fancy and resulting wakefulness constitute symptoms of an organic reaction determined by the primary action of the drug. If, in a given case, the question should occur: Is Opium homœopathic to sopor? This question could only be answered in the affirmative, in case a milder grade of the existing cerebral irritation should be characterized by the opposite condition of extreme wakefulness, talkativeness or even very active, busy, loquacious delirium. Such a condition might occur in cerebral typhus, or in a simple form of cerebral irritation.

You see at once, how important it is that a homœopathic physician should be acquainted with pathology, if he means to determine the homœopathicity of a drug with scientific precision. A knowledge of the primary stage of a disease and of the symptoms which characterize the organic reaction called forth by this primary invasion, are not a matter of theory or speculation, but of actual study and observation at the sick bed. The example which I have chosen to illustrate this compound homœopathicity of Opium, shows that this agent may be homœopathic to wakefulness, if we know, from previous observation, that it is a species of wakefulness which can be looked upon as the natural sequel or reaction of a previous state of sopor or stupor; and that it is, on the other hand, homœopathic to sopor or stupor, if we know from experience that this kind of sopor would, after a while, terminate in a state of wakefulness of the brain. Typhus, puerperal mania and convulsions may set in with this characteristic sopor or with this vivid, loquacious delirium; in either case Opium would be homœopathic to the existing disturbance.

With a view of elucidating this principle still farther, let us select another illustration. Opium is homœopathic to satyriasis as well as to complete indifference to sexual enjoyments. In the case of a man whose fancy dwells wildly and lasciviously upon sexual things, and who, by long continued abuse, finally becomes totally indifferent to sexual enjoyments, and is moreover afflicted with physical inability, Opium may prove homœopathic both to the former as well as to the latter condition. We know that Opium-eaters or Opium-smokers pass through a similar series of abnormal sensations.

The action of Nux upon the sexual organs, may likewise be referred to as illustrating the principle of compound homœopathicity. Sexual abuse, be it the destructive vice of onanism or excessive sexual intercourse, may at first induce an increase of excitability in the sexual organs, the erections occur more rapidly, more spasmodically as it were, and an increased sensation of warmth and fulness may be experienced in the parts. This abnormal plethora may be accompanied by hyperæmia of the nervous centres which preside over the functional power of the sexual system, more especially

hyperæmia of the lower portion of the cord, giving rise to a burning sensation and a sense of fulness in that region.

What transformations would these phenomena undergo, if the sexual excesses should continue? Gradually the erectile power would decrease, the erections would become shorter and feebler, and would finally cease altogether. The nervous power has almost become extinct, and the hyperæmia of the cord may have led to exudations into its tissue, which may finally give rise to incurable disorganizations, such as: partial softening, atrophy, and consequent paralysis of parts which depend upon the lower portion of the cord for a supply of functional power.

Nux may affect the sexual organs and the nervous centres which supply them with functional power, in a similar manner, first setting up a condition of hyperæmia, which may gradually terminate in complete impotence. Hence we infer that Nux is homœopathic to an abnormal irritability and plethora of the sexual organs as well as to the opposite condition of weakness arising from previous abnormal excitement, such as sexual abuse, or the excessive use of coffee or ardent spirits may occasion.

Aconite may frequently be substituted for Nux in similar conditions of the sexual system, especially in the case of highly organized, sensitive individuals, with a plethoric constitutional habit, or a nervous-bilious temperament. We shall find it equally homœopathic to all the phenomena which characterize a condition of spasm and hyperæmia, such as: quick, spasmodic erections; a sense of fulness and unnatural warmth in the parts; sexual fancies, nocturnal emissions and erections; as well as to the phenomena characterizing an opposite condition of weakness, such as: imperfect erections, coldness of the parts with frequent losses of the prostatic fluid; nocturnal emissions from the relaxed parts, without sensation.

These inquiries into the compound homœopathicity of drugs are not only interesting, but of great importance to a homœopathic practitioner; for they lead us to establish a true homœopathic relation where positive provings have as yet been insufficient to accomplish this result. These inquiries lead us, for instance, to establish the homœopathicity of Secale cornutum to spasmodic contraction, as well as to relaxation of the uterine fibres, and to the dangerous hæmorrhages which often result from such relaxations after delivery. Or the homœopathicity of Mercury to watery or bilious discharges from the bowels, preceded or accompanied by pinching pains and chilliness, as well as to constipation, with a sensation of unnatural heat, fulness, or heavy aching pains in the bowels. Or the homœopathicity of Ipecacuanha to an excessive irritability of the stomach, with spasmodic retching and vomiting, as well as to perfect atony of this organ, with a qualmish feeling in the region of the stomach, a sense of swelling and fulness, complete indifference to food. Or the homœopathicity of Nux to both spasm and paralysis; the homœopathicity of Cantharides to both ischuria, a spasmodic inability to void the urine, and to a paralytic inability to retain it. Or the homœopathicity of Belladonna to excessive as well as to deficient

irritability, excessive contraction as well as abnormal dilatation of the pupils.

This principle of compound homœopathicity shows us that Aconite is not only homœopathic to the chill, but likewise to the inflammatory stage of a common catharrhal or rheumatic fever.

Thoughtless practitioners, and their number is larger than it should be, content themselves with saying that Aconite is homœopathic to inflammatory fever, and, in order to determine this homœopathicity, they invariably look for a full, rapid and bounding pulse, a dry and hot skin, flushed face, etc. An educated pathologist knows that this is a stage of organic reaction determined by a primary stage, characterized by opposite symptoms. In the case of fever, the primary invasion is characterized by chilliness and coldness of the skin, a pale and sunken countenance, a small, feeble and somewhat accelerated pulse. Now it so happens that the primary action of Aconite is characterized by these very symptoms, and hence we have a perfect right to say that Aconite is homœopathic to the first as well as to the second stage of the fever, the former corresponding with the primary action of Aconite, the latter with the organic reaction determined by the primary action of the drug. This primary stage is of very short duration, and it is very seldom the case that we are called to a patient at this period. But if, in a case of fever, where Aconite is the homœopathic agent, we should be called during the chill, the homœopathicity of Aconite for this chill would be just as true as its homœopathicity to the subsequent inflammatory stage of the disease.

Supposing a person has been poisoned with Aconite, and, under proper antidotal treatment, the coldness of the skin and the feeble and thin pulse have yielded to the opposite condition of fever, with heat and dryness of the skin and a full, rapid, hard and bounding pulse: there occurs another series of phenomena which requires our attention. The inflammatory stage having run its course, it is succeeded by a remarkable activity of the cutaneous exhalants resulting in profuse perspiration, during which the pulse becomes softer, sometimes even weaker than in the natural condition of the system, and the patient still feels more or less enfeebled.

In the natural course of an inflammatory disease, for instance pleuro-pneumonia, a similar series of phenomena may occur, especially under the expectant treatment or under the allœopathic treatment by means of depletion and of large doses of Tartar Emetic. The inflammatory or sthenic phenomena may apparently subside, and give place to a state of asthenia, characterized by a cold and clammy skin, a feeble and hurried pulse, prostration, and a continuance of the local difficulty in a modified or aggravated form. Here it is where a careless practitioner may do his patient great injustice by losing sight of the pathological identity of these three forms of homœopathicity of one and the same agent to the different developments of a pathological condition which is identically the same from beginning to end. We have determined the homœopathicity of Aconite to the chill, next to the inflammatory, and lastly to the asthenic stage.

It is of the utmost practical importance not to overlook the *continuousness* of a pathological process, the different stages of which are only distinguished in appearance, and, in spite of these apparent changes in the symptoms, may still require the same treatment. Phrenitis, for instance, may indicate Belladonna from the first invasion to the ultimate termination of the disease. The effusion which sets in towards the last does not constitute a qualitative, but simply a quantitative alteration of the morbid process. The blood becoming more and more devitalized, a mechanical separation of its constituent elements finally occurs, in consequence of which the serum escapes into and collects in the ventricles. This hydrocephalic stage of phrenitis is not a disease distinct from the original malady, differing from it in essential principles; it is simply a continuous development of the first attack, which may require a change of dose, but not of remedy. Hence it is that phrenitis and hydrocephalus are used by many pathologists as synonymous or equivalent terms.

An inflammatory irritation of the cerebrum or of the cerebellum may terminate, by a process of continuous development, in some organic alteration which, if at all susceptible of treatment, requires the same remedy that was indicated by the original disease. Softening is one of these pathological alterations. Hence it is that an inflammatory irritation of the brain or cerebritis, and encephalomacia or softening of this organ, are sometimes described as pathological conditions resulting from the action of one and the same identical morbific force.

In the same sense gastromalacia and perforation of the stomach may be considered as pathological alterations of the same nature in essence, though not in form.

Or swelling, inflammation and suppuration of a gland, or glandular abscess, being identically similar pathological conditions, may have to be treated with the same remedy or remedies, from the beginning to the end of the morbid process.

Congestion and inflammation of the psoas-muscle may, by a simple process of continuous development, terminate in suppuration or abscess, without any change of remedies being called for by this apparent change in the symptoms; Aconite, Belladonna or Bryonia, may be specifically indicated by the abscess as well as by the original rheumatic congestion or inflammation.

When we say "abscess of the liver," we may designate by this name a pathological condition of which suppuration is the last, and sanguineous congestion the first stage, the pathological process remaining identically or essentially the same, and varying only in appearance. First you may see a tumor somewhere in the region of the liver, provided the abscess is seated on the surface of this organ; the tumor may have an inflamed appearance, it may be very sore to the touch, and fluctuation may only be vaguely or indistinctly perceptible; fever may be present. A tumor of this kind may either be scattered by the persistent use of the tincture of Aconite or by Mercury; or the neglect of this treatment may permit the suppurative process to go on towards the completion of the abscess. If the homœopathic treatment should commence at this stage of the rheu-

matic congestion, the tincture of Aconite or Mercury, provided these remedies were indicated at the outset, would still be the best means to effect the absorption of the pus, and the dispersion of the sanguineous engorgement.

All these are instances of pathological conditions, where the morbid process remains essentially or identically the same, and where the changes which are going on, are only apparent or symptomatic. Such instances might be greatly multiplied. It is important that a practitioner should discriminate between the continuous development, through several stages, of a morbid process which remains essentially or identically the same, and a morbid process where the different stages constitute so many essentially distinct pathological changes.

The dropsical effusion into the pericardium or cellular tissue which may set in after scarlet-fever, is not a continuous development of scarlet-fever, but an essentially distinct pathological condition which requires a treatment of its own. The scarlet-fever may have been sucessfully managed with Aconite or Belladonna; the dropsy may require Digitalis or Cannabinum.

Again: the small-pox pustules may suddenly collapse, and the morbid irritation may become transferred to the lining membrane of the intestine or to the brain. The foul, blackish, offensive discharges, the prostration and cold and clammy skin in the former metastasis may have to be met by Arsenic; the comatose stupor, the delirium and the convulsions or spasms which characterize the latter change, may require Opium, Belladonna, Stramonium. None of these remedies are, properly speaking, homœopathic to small-pox.

The different stages of typhus, of pneumonia or of other inflammatory diseases may require corresponding changes of drugs. In typhus, for instance, we may commence the treatment with Belladonna, which, in the progress of the disease, may have to yield to Opium or to the mineral acids. On the other hand, there are many cases of typhus, where Belladonna, or Hyoscyamus, or Arsenic, may have to be used exclusively from the commencement to the end of the cure. The same doctrine applies to pneumonia, to meningitis, to peritonitis, to rheumatism, and to almost any other acute inflammation, or even to chronic diseases.

In dwelling upon this doctrine of compound homœopathicity, and upon the various points of practice which seem to be more or less logically connected with it, I have desired to attain several important ends. My object has been to caution you against the unseasonable and unwarrantable changes of remedies to which many homœopathic physicians are unfortunately addicted; to impress you with the importance of coupling a comprehensive view of Pathology and Physiology with the study of the therapeutic powers of drugs; to throw out hints and suggestions concerning the identity of morbific forces in diseases, and concerning the importance of not being misled by apparent or purely symptomatic changes; and lastly to contribute an additional stone to the foundations of the great science which we are all engaged in building up, the true science of Therapeutics as written upon Nature's page by the hand of Infinite Wisdom.

LECTURE XLVIII.

We may consider the physiological action of Opium upon the tissues under the following general categories:

1. Its action upon the cerebro-spinal system of nerves;
2. Upon the digestive system;
3. Upon the urinary system;
4. Upon the sexual system;
5. Upon the respiratory system;
6. Upon the vascular system;
7. Upon the dermoid system.
8. Upon the mind, and
9. Its action regarding sleep.

1. *Cerebro-spinal System.*

We have seen that small doses of Opium cause an appearance of stimulation in the brain, and that large doses manifest the inherent stupefying or narcotizing effect of this agent. The opium-sopor is generally accompanied by a diminished power of motion sometimes amounting to actual paralysis of the muscular fibre; at times, instead of paralysis, we have convulsions, and in the place of coma, delirium. The pupil is usually very much contracted. The general action of Opium upon the brain is characterized by signs of violent congestion. Beside the effects which we have already mentioned, it causes furious delirium, or a sort of delirious talk about ghosts, devils and masks which assemble around the bed for the purpose of torturing the patient. It causes, as has been stated before, violent intoxication with stupefaction. It also causes a species of vertigo, as if everything were turning round with one, and as if the patient were hovering in the air.

As regards the head, Opium causes a pain in the head as if the brain were torn, accompanied with a sensation in the body as if every part in the body would be twisted wrong side up. The head totters to and fro. The head and face are swollen, the eyes inflamed and protruded, the lips look bloated and have a reddish blue tinge. The expression of the eyes is often peculiar; the eyes glisten and sparkle; at times they look glassy and are immovable like those of a dying man. The pupils are insensible to the light; at first they are very much contracted, but afterwards they dilate considerably; the lids may be half closed, and water sometimes runs out of the eyes. If the patient is conscious, he complains of loss of sight, and humming in the ears.

The face is likewise considerably altered by the irritating or paralyzing action of Opium upon the brain. The face may look pale and sunken, or it may be alternately red and pale, bluish, dark-red, of a cherry brown, bloated; sometimes the facial muscles are

relaxed, giving the face an expression of stupidity; the lower lip inclines to drop, and it is only with great difficulty that the patient is able to raise the upper eyelid. Instead of being paralyzed, the facial muscles are sometimes spasmodically agitated, they tremble; so do the lips and tongue, and the mouth is distorted. We have stated already that the jaws may either be locked or the lower jaw is paralyzed, hanging down and permits the saliva to run out at the corners in long ropy threads.

If we add to these various effects of Opium the appearances in the brain which post-mortem examinations have revealed to us in cases of poisoning by Opium, we shall find that the physiologico-pathological action of Opium upon the cerebral tissues renders this drug eminently homœopathic to several important cerebral diseases. In one case, the veins of the neck were found turgid with black blood. In other cases the sinuses and all the cerebral vessels were found distended with blood; the two ventricles contained a teaspoonful of a bright-red fluid, the choroid plexuses were very much distended. In other cases blood has been found extravasated in the brain.—Leroux found the pia-mater injected and thicker than usual; at the base of the brain he discovered about a teaspoonful of a bright red fluid, and the choroid vessels very much distended; clots of coagulated blood have been found in the substance of the brain by other pathologists. In the case of an infant seven weeks old, who was killed by taking 10 grains of Dover's powders, the sinuses of the dura mater were filled with dark coagula, the surface of the brain was covered by a net-work of distended vessels, containing a bright-red blood; there was a slight extravasation of blood on the surface of the posterior lobes, and all the internal vessels of the brain were turgid with blood.

Considering all these effects of Opium in their totality, may we not infer that Opium is homœopathic to apoplexy, to delirium tremens, to typhus cerebralis and to such conditions of cerebral irritation generally as are characterized by phenomena similar to the derangements caused by Opium? Opium may prove homœopathic to typhoid conditions setting in during measles, scarlet-fever, small-pox or some other acute eruption. Whenever the symptomatic and pathological character of the cerebral irritation is strictly similar to the irritation which Opium causes in the cerebral tissues, this agent should be exhibited, no matter what the immediate cause of the natural disease may be. An intense and suppressed mortification of one's feelings may cause a cerebral irritation to which Opium is homœopathic. A gentleman, fifty years old, and of sensitive disposition, had his feelings deeply hurt; he restrained his anger and suppressed his grief, and the consequence was a serious attack of cerebral irritation. He went home, laid down, and soon was oppressed with irresistible sopor. I found him with his cheeks flushed, tongue white as if covered with powdered chalk, pupils contracted, pulse quick and irritated, skin feverish and dry, and the sopor so overpowering that it was with the greatest difficulty that he could be roused long enough to answer one or two questions. I made him a few powders of Opium 18, and in a few hours the sopor

gave place to a natural sleep, and the symptoms of gastric and vascular irritation yielded very speedily after that.

Professor Jœrg and his disciples have given us a few interesting provings of Opium, obtained from the tincture and from the crude substance. The tincture was proved in doses of from one to thirty drops, and the crude substance in doses of from one-twelfth of a grain to two grains. The principal effects of Opium obtained by these provers were manifested in the brain, bowels, respiratory organs and nervous system generally.

One prover observed the following symptoms which constitute a very characteristic group of headache symptoms. An aching pain all over the head as from congestion, warmth in the face and on the hairy scalp; these signs of congestion were soon after followed by diarrhœa. At one time the pain in the head would streak down to the tip of the nose where it terminated in a sort of griping.

From twelve drops of the tincture, the pain in the head would become stupefying, with heaviness of the head, tightness around the neck, heat and sweat in the face. Horrid and frightful dreams would likewise torture the prover.

In the case of other provers, these signs of congestion were still characterized by additional symptoms, such as: loss of ideas, violent vertigo, obscuration of sight, internal restlessness.

In the person of Professor Jœrg, the stupefying pain in the head seemed principally located in the frontal eminences, streaking down to the tip of the nose; in the case of another prover, it was accompanied by dryness of the eyes, and sensation as if they were full of sand, inability to keep the lids from closing.

A very common paroxysm experienced by Jœrg's provers was the following: Stupefying pain all over the head, followed by cutting in the bowels and diarrhœa.

Dullness of the head, with stitching pain from the forehead to the occiput, drowsiness, ineffectual urging to stool, constituted another paroxysm of pains.

The pains in the head, which were generally characterized by a feeling of oppression, heaviness, stupefaction and constriction, were in very many provers accompanied by a sense of oppression on the chest, with stitches in the chest, and even a hacking cough. Extreme lassitude, sometimes amounting to perfect exhaustion and inability to stand, vertigo and loss of ideas either preceded or accompanied the distress in the head.

The pulse, during these attacks of headache, was either feebler and more rapid than usual, or in some cases, stronger, fuller, with increased warmth of the skin.

Professor Bœcker of Heidelberg has made a number of experiments with Opium for the purpose of determining its influence upon the blood and upon the urinary secretions. These experiments, which were made upon perfectly healthy individuals with increasing quantities of Opium, which was taken every day in doses of from one-half of a grain to one grain and a quarter of the crude drug, yielded the general conclusion that Opium interferes with the reno-

vating processes of the vital organism. It is found that under the action of Opium the effete matters which should be excreted through the urine, skin and bowels, are retained in the system, and that consequently Opium is possessed of the power of vitiating the organic products which it is the business of the reproductive forces of life to manufacture for the physiological wants of the organism out of the regularly furnished supplies of nourishment. These results were demonstrated by repeated analyses of the blood and urine of the Opium-provers during the period of these interesting experiments. Although the whole quantity of the urine and perspiration was found to be increased by Opium, yet the solid ingredients which are normally contained in the urinary and cutaneous secretions, were diminished. A burning skin, drenched in a watery perspiration, may constitute a prominent indication for Opium in various diseases, for instance in delirium tremens.

According to Bœcker, Opium first acts upon the plasma of the blood. In this respect his views differ from those of Pereira, who teaches that the action of Opium is first perceived by the respiratory element in the blood, viz.: the blood-disks. According to Bœcker, the primary action of Opium is exerted upon the plasma, the assimilative element in the blood. It vitiates and may gradually extinguish the life-principle of the plasma. The phenomena which Opium develops in the respiratory range, are, according to Bœcker, incidental to its disorganizing action in the assimilative sphere, to which the plasma of the blood is more especially related.

In fatal cases of poisoning by Opium the vessels of the brain are found distended with black blood; the ventricles of the heart likewise contain black coagulated blood. These post-mortem changes afford evidence that the plastic power of the blood is destroyed by Opium. Professor Bœcker, and the humoral pathologists generally, of whom he is one, trace the pernicious effects of Opium to its disorganizing action upon the plasma, from which point of departure the nervous centres are gradually invaded. The vitalists, on the contrary, teach that Opium first acts upon that element in the brain which regulates the renovation of the blood; by impairing, and gradually paralyzing this renovating power, the quantity of the blood as a life-quickening fluid is diminished, until it becomes unable to supply new material to the languishing and vitiated tissues.

The persons whom Bœcker employed for his experiments, experienced from one grain and a half, and one grain and three-quarters, a number of interesting symptoms, most of which were likewise complained of by Jœrg's provers, such as: dizziness, sensation of intoxication, headache, trembling of the lower extremities and weariness in the knee-joints. Sometimes this trembling would affect the whole body. The gastric symptoms were likewise marked; they complained of nausea, retching, a bitter taste in the mouth, constipation, pinching pain in the bowels with spasmodic closing of the anus during the paroxysm of pain.

Dysuria was likewise complained of.

A painful crawling in the lower limbs was likewise a troublesome symptom.

The experiments which Crumpe instituted upon himself with one grain of Opium, showed that under the action of Opium the pulse may first rise above the ordinary number of beats, after which it becomes depressed below the normal standard.

After these statements concerning the toxicological and physiological action of Opium upon the healthy organism, we shall have no difficulty in determining its homœopathicity to several important affections of the cerebro-spinal system. We find it indicated in

Congestive Headache, with a sensation as if the brain were constricted; a stupefying pain, attended with dizziness, tendency to sopor, obscuration of sight. This distress may be attended with gastric symptoms, white coated tongue, retching, oppression in the epigastric region. A condition of this kind may result from abuse of liquor, from an intense mortification of one's feelings, or it might possibly be the commencement of a more protracted cerebral disease, such as typhus. The probability is that constipation, lassitude and a feeble and hurried pulse will, generally speaking, accompany such symptoms of cerebral irritation.

We may find Opium indicated in

Apoplexy, although we should not prescribe Opium too eagerly. Aconite and Belladonna deserve your first attention in cases of apoplexy, but I have generally found that in cases of apoplexy to which these two drugs are homœopathic, it is possible to obtain some slight sign of recognition or consciousness from the patient; but if the consciousness should be entirely gone—if the patient is profoundly comatose, the pupils are either intensely contracted or widely dilated and insensible, the face has a dark-red or cherry-brown appearance; the pulse is either rapid, feeble and irregular, or else full and labored; if the breathing is either imperceptible or stertorous, we may give Opium with tolerable certainty that it meets the exigencies of the case.

If, after the symptoms of apoplexy have subsided, a stupid appearance should remain, with tendency to sopor and with hemiplegia, Opium, or its alkaloid Morphine, may prove useful for the cure of this paralysis, especially if the patient complains of pain and formication in the paralyzed limb. Morphine, may be given in doses of one-hundredth of a grain three times a day.

In *Mania-a-potu* and *Delirium Tremens*, the furious delirium, the expression of terror in the countenance, the constant talk about demons and frightful masks bent upon tormenting the patient, the flushed face, the inflamed and protruded eyes, the red and parched tongue, the dry and hot skin, the full, hard and throbbing pulse, the vomiting of bile, the retention of stool and urine: these are some of the characteristic indications of Opium in this sometimes terrible malady. Do not hesitate to give a few drops of the tincture in ten or twelve tablespoonfuls of water in tablespoonful doses every hour until a decided reaction is obtained. Fetid sweats, with coldness of the skin, sallow complexion, uncontrollable restlessness, phantasms, bland delirium, likewise point at Opium.

In *Cerebral Typhus*, Opium is indicated in the paralytic stage, by sopor, with low, muttering delirium, accompanied with symptoms of paralysis, such as depression of the lower jaw and upper lip and eyelid, dilatation of the pupils, hot and dry or clammy skin, small, rapid and jerking pulse, sunken and livid or even cadaverous countenance; or in the congestive stage, where the symptoms of violent congestion and erethism prevail instead of those of general prostration of the vital forces. The pulse may be full, irritated and throbbing, the skin hot and dry, the face deeply-flushed, the tongue parched and covered with a thick, glazed, brownish coating; the patient wants to drink all the time, unless he should be so comatose that he is no longer conscious of his natural wants.

Opium may induce convulsions and may be used as a true homœopathic agent in such an attack. These convulsions are symptomatic of a violent irritation of the brain, with accompanying congestion of the cerebral vessels and pressure upon the cerebral mass. The convulsions excited by Opium differ from those caused by Strychnine in this, that during the Strychnine convulsions the consciousness of the patient remains unimpaired; the attack proceeds from the spinal cord and cerebellum; whereas the Opium convulsions arise secondarily or by reflex-action, from a primary irritation of the cerebral centres. During the attack the features assume an expression of terror and the complexion is of a dark cherry-brown, or even blackish color, with contraction of the pupils or alternate contraction and dilatation. The action of Opium upon the pupil varies; the pupil may contract or dilate, or else it may remain unaffected by the drug. In an attack of convulsions, to which Opium is homœopathic, the pupil may likewise be variously affected, either contracting to the smallest dimensions or else dilating to a size which leaves only a narrow ring of the iris visible. The consciousness is suspended by the stupor or coma which seizes upon the sensorium. Froth oozes out at the mouth; the jaws are tightly locked, the breathing is stertorous and the whole body is frequently jerked up by the violent shock.

If, after confinement, the patient should show signs of sopor or stupor and complain of a violent distress in the head, with a heavy, full pulse, coldness of the extremities, and dark flushes on the cheeks, it may be well to be prepared for an attack of convulsions and to at once administer Opium, of which five drops of the tincture may be mixed in half a tumblerful of water, to be given in half tablespoonful doses.

In *Puerperal Convulsions* or *Eclampsia*, Opium is undoubtedly a most valuable agent.

A very interesting case of this dreadful disease is recorded in Frank's Magazine: A lady, 30 years old, had been confined without difficulty. She was going on finely, when one morning, six days after her confinement, she seemed unnaturally merry. A few hours after, she was seized with violent convulsions. The physician arrived after the third paroxysm, and found the patient in deep sopor, with her

face flushed. Pulse large, full, rather frequent. Opium was administered after the fifth paroxysm; but the sopor was so profound that she was unable to swallow and allowed the solution to escape at the corners of the mouth. After the seventh paroxysm, which was more violent than any of the preceding, the twitchings of the extremities and of the muscles became frightful; the respiration stopped for a whole minute, after which the breathing became stertorous, with oozing of froth and vesicular sputa from the mouth. The face had assumed a blue, and even blackish hue. After the seventh paroxysm, the face, neck, and upper portion of the chest, exhibited this change of color. After the eighth paroxysm, a marked change took place. The patient fell into a quiet sleep, and the face, neck and chest again assumed a natural color. Two hours after, she sat up in her bed, unconsciously performing with her hands a variety of motions; she uttered inarticulate sounds. She took her medicine easily, but without consciousness. This gradually returned. Next morning the patient felt tolerably comfortable, except a peculiar sadness and depression of spirits, which yielded to the use of Camphor in about a week. When the case was reported, the patient had been twenty-two years without having had a return of any kind of nervous disorder.

In this case Opium was undoubtedly the specific homœopathic remedy. Though administered by an allœopathic physician at the rate of five drops every two hours, yet we have a perfect right to claim the successful treatment of this case for Homœopathy. In reporting the case, Dr. Loweg expressly states that venesection would doubtless have resulted in fatal apoplexy.

Sometime ago we had a dreadful case of eclampsia in our neighborhood. Immediately after confinement, the lady complained of violent headache, with full and slow pulse, and some drowsiness, but perfect possession of her senses. A little Aconite was given in a tumblerful of water. Two hours after, we were summoned in great haste to the patient. She had just gone through a most frightful convulsion; she was partially conscious; her face looked very red, and her eyes somewhat suffused. She was unable to articulate. Pulse rather accelerated, full and soft. We prescribed Belladonna, one drop of a weak tincture in a tumblerful of water of which a tablespoonful was given every fifteen minutes. We staid by her two hours and left her perfectly quiet, breathing naturally, and apparently in a sweet slumber. Half an hour after, we were again summoned to the patient. The convulsions had returned, a fresh convulsion breaking out every five minutes. After trying Hyoscyamus and Cuprum aceticum without the least change in the paroxysms, we gave Opium, two drops of the tincture in a spoonful of water at one dose. The drug was indicated by the comatose sopor after a paroxysm, the stertorous breathing, the bluish-red color and bloating of the face, the full, hard, slow and thumping pulse, and a burning heat and dryness of the skin. The urinary secretions and the lochial discharge had stopped. After taking the Opium, the paroxysms ceased entirely; the patient remained perfectly quiet for three hours, was conscious, able to articulate; she answered ques-

tions and seemed to feel generally easier. We thought the change would prove permanent, when the convulsions all at once broke out again, without ceasing. Opium was still indicated. We administered ten drops of the tincture in two doses, and arrested the convulsions at once. But effusion on the brain had taken place, and the patient gradually sank about three days after the last dose. Consciousness and speech never returned after the last attack.

Would this patient have recovered if Opium had been given at the outset? I think not, although there is no doubt that this medicine was indicated at the very commencement of the attack. The favorable change which occurred after the first dose of Opium, would undoubtedly have maintained itself, if the vitality of the brain had not been prostrated in its fundamental principles. It was not within the power of medicine to save this life; but let me improve this opportunity, of commending the curative virtues of Opium in puerperal convulsions to your most respectful attention. If your patient complains of stupefying headache, seems drowsy, the pulse is full, thumping, rather slow, and the face looks dark-flushed, eyes suffused, give Opium, from the tincture to the 3d potency.

In *Puerperal Mania*, with paroxysms of excessive mirthfulness, or daring rage, exhibition of supernatural strength, flushed face, glistening eyes, full, excited, hard pulse, and occasionally sopor and stertorous breathing, Opium will be found a powerful remedy. In puerperal mania which is distinguished by paroxysms of rage, tendency to acts of violence, flushed countenance, glistening eyes and subsequent sopor and slow, stertorous breathing, Opium may likewise prove valuable.

The first effect of Opium upon the sentient nerves is to diminish sensibility; hence, if numbness or diminished sensibility are present among a group of symptoms to which Opium seems homœopathic, this may be regarded as an additional indication for the use of this agent.

In *Traumatic* or *Idiopathic Tetanus*, Opium has been administered by Old-School physicians in enormous doses. A few cures of this disease are recorded, where Opium was used by the pint; but as a general rule, Opium has been dethroned in tetanus by Strychnine. This is the manner in Old-School practice, even at this day. A medicine is prescribed for a name, not for a pathological condition with inherent symptoms which distinguish it from other similar conditions, or which individualize it. Cases of Tetanus may occur where Opium may prove a valuable remedy; in other cases Aconite has effected a cure; many cases require Strychnine. Specific homœopathy consists in giving the remedy which meets an existing group of symptoms more directly, more immediately, more positively than any other known remedy could do; a remedy which is to the disease what the right answer is to a question, or the correct solution to a problem; there is but one remedy which perfectly

fulfils these various conditions of adaptation or corresponding relationship; and it is this remedy and no other to which we apply the name of "Specific."

The tetanic convulsions which Opium excites, are not primary manifestations of the irritating action of the drug, like the tetanic spasms excited by Nux vomica. These opium-spasms are symptomatic of a primary irritation of the cerebral fibre. Hence they are invariably preceded by manifest symptoms of violent cerebral congestion. The face flushes up, the eyes become unsteady, the facial muscles and the lips begin to quiver; the convulsive paroxysm results from the mediate irritation transmitted to the ganglionic system from the cerebral centers. It is only to such mediate or secondary spasms that opium is at all in curative adaptation; never to idiopathic tetanus where the spasm has its origin or takes its starting point from the spinal marrow, or from the nervous centres immediately connected with it. In this form of tetanus, Opium may be given by the pint, without manifesting any curative action. The Opium-spasms are sometimes accompanied by general tremor and a sensation as if the nerves should be pulled to pieces.

2. *Effects of Opium upon the Digestive System.*

According to Pereira the usual effects of Opium upon the organs of digestion are the following: It diminishes secretion and exhalation from the whole canal; thus it causes dryness of the mouth and throat, and diminishes the liquidity of the stools; it excites thirst, lessens hunger, checks the digestive process, (for in some animals poisoned by Opium, food which they had taken previously, has been found in the stomach unchanged; and in some cases it excites vomiting. Kerr, in his Medical Observations and Enquiries, tells us that in the famine which prevailed in the East-Indies, in the year 1770, Opium was purchased by the unhappy sufferers, at extraordinary prices, to allay the cravings of hunger, and to banish the dreadful prospect of death. The Tartar couriers, who travel immense distances in a short period of time, take Opium only during the journey, to support them. It diminishes the sensibility and contractility of the digestive organs; hence the difficulty, in severe cases of poisoning, of producing vomiting. The constipation which follows the use of Opium, depends partly on the same cause, and in part also on the diminished secretion of bile, and a diminished secretion from the gastro-intestinal mucous membrane. Sprœgel found the ductus choledochus of animals to which Opium had been given. filled with bile; yet it had not passed into the intestines, for the fæces were scarcely tinged by it, but had the appearance which we observe them to have in jaundiced patients.

The digestive functions of Opium-eaters, are entirely ruined; they eat by fits and starts, or have no desire for food whatsoever. Opium may cause nausea and vomiting, even vomiting of blood; it also causes an indescribable distress in the pit of the stomach; but these are exceptional cases and cannot be considered as regular effects of Opium. These effects of the action of Opium may suggest its use in

Acute Cardialgia, with distress in the pit of the stomach, vomiting of blood and mucus, attended with symptoms of cerebral congestion, flushed face, protruded and suffused eyes, or else paleness, sopor, cold skin, and thin, hurried pulse.

In *Atony of the Stomach*, induced by the excessive use of ardent spirits, with variable appetite, or complete anorexia, Opium may restore the irritability of the lining membrane.

In *Vomiting*, the sour vomiting of children for instance, or vomiting of drunkards, accompanied or followed by sopor or stupor, flushed face, cold extremities, Opium is useful.

Diarrhœa even has been caused by Opium in its primary action upon the bowels. In the case of a lady who was in the habit of using Opium for toothache, a watery diarrhœa came on, whenever she used this drug for such a purpose. This may have been the result of a peculiar idiosyncrasy. In the case of this patient, if she had been attacked by watery diarrhœa, in consequence of exposure for instance, Opium might have proved a true remedial agent. A middle potency might have been sufficient under such circumstances. Many of Jœrg's provers were attacked with diarrhœa preceded by cutting pains in the bowels.

As a general rule the primary effect of Opium upon the bowels is, to diminish the alvine secretions. This, however, does not militate against the use of Opium in certain forms of

Diarrhœa, where the stools are slimy or watery, and of an exceedingly foul smell. In diarrhœa, to which Opium is homœopathic, unmistakeable signs of cerebral congestion are generally present, such as violent headache, drowsiness, vertigo, flushed face; even typhoid symptoms, a dry, brown and parched tongue, excessive prostration, dry heat of the skin, unquenchable thirst, small, rapid and rather jerking pulse, may characterize such an attack of diarrhœa. For the purpose of illustrating my remarks, I will read the following case from the *Archives Générales*, a French medical publication.

A sailor, aged forty years, of good constitution, but impoverished in consequence of miserable fare, was brought to the hospital in the following condition: Pale face; eyes sunken; sullen expression of the countenance, with alteration of the features expressive of distress in the bowels; pulse small, feeble, hurried and irregular; scanty secretion of urine; but frequent, or rather unceasing discharges of yellow, watery, fetid stools. After the ineffectual employment of a variety of means, the patient became much worse. On the third day after his reception in the hospital, the stools were passed without consciousness; the patient had grown thin; the tongue was rather dry, the abdomen tympanitic, the head confused, features elongated; oppression on the chest, and rattling breathing. He was put on the extract of Opium, in half grain doses, of which he took fourteen grains in the space of six days. The diarrhœa ceased without any symptoms of narcosis having made their appearance, and with proper nourishing diet, his strength returned and his health was completely restored.

Another case, from the same publication, is that of an elderly man of broken-down constitution, who was sent to the hospital with the following symptoms: Features elongated, with an expression of distress; consciousness very much impaired; frequent, involuntary, fetid and very liquid stools. The patient grew very thin, became delirious, the diarrhœic discharges took place incessantly, the tongue was dry, the urine reddish and the skin cold and clammy. Under the use of the extract of Opium, of which he took thirteen grains in the space of a week, he was completely restored at the close of this period.

Would it have been proper for a homœopathic physician to treat these cases with Opium? Gentlemen, I have no hesitation in saying that during the last ten years I have arrested hundreds of cases of diarrhœa, when the discharges were watery, greenish, brown or even blackish, and of a foul smell, with accelerated, rather hard, at times thin and at other times full pulse, feverish skin, or cold and clammy skin, with dizziness, impaired intellection, by administering a few drops of the tincture of the root of Aconite in a small tumblerful of water. It is especially if the diarrhœa had arisen from continued exposure and poor living, that Aconite proved useful. In other cases of this kind, Arsenic may be required. But supposing Aconite and Arsenic should fail you, the case may be one of those few where the diarrhœa may be traceable to just such an irritation in the cerebral tissues as may specifically correspond with the action of Opium upon the brain. Some cerebral symptoms, congestive or typhoid, will undoubtedly stand out as prominent indications for the use of this agent.

The Old-School mode of using Opium in diarrhœa, is sometimes productive of dangerous and even fatal cerebral congestions. The sudden checking of the diarrhœa which is very frequently a natural relief to abdominal congestion, forces the congestion back upon the brain. The diarrhœa is a curative effort instituted by the brain for the purpose of relieving abdominal congestion. A large dose of Opium paralyzes the curative action of the brain in this direction, and transfers the pathological process to the central organ of all vital activity, where the first perception of every disease which invades the organism, must necessarily take place. Hence dangerous cerebral congestions, paralysis and even apoplexy may be the consequences of such a supremely silly and destructive treatment. In a case of cerebral congestion arising from

Sudden Suppression of Diarrhœa by Opium, or even by other causes such as a sudden fright, you will find the tincture of Aconite one of your most valuable remedies, far superior to Belladonna or Hyoscyamus or any other drug. The exceptions to this rule are very few indeed.

In *Lead-Colic*, or painter's colic, Opium is one of the most valuable remedies. It restores the action of the mucous exhalants, moves the bowels and arrests the spasmodic pains. It may have to be given in doses of from one to five drops every hour.

In common *Constipation* arising from a deficient flow of bile through the ductus choledochus, and from consequent deficiency of peristaltic action, Opium is a most useful remedy; the fæces may consist of small, hard balls, and either look blackish or discolored.

Kopp, in his Memorabilia, speaks of an old hypochondriac Count, who had been obliged for years to swallow a few pills of Aloës in order to have his bowels moved. One day he was attacked with an irritation on the chest for which the Doctor prescribed Opium. This led to the accidental discovery that, as long as the Count took Opium, his bowels moved naturally.

A lady had been troubled with the piles for years. Every week she had to take a cathartic, in order to have a passage. Whenever she used Opium, she had a natural passage.

In *Symptomatic Constipation*, which may occur as a feature in the marasmus of drunkards, among a group of symptoms where a cold and dry skin, sallow complexion, loss of appetite, trembling and weakness, dullness of intellect, emaciation, constitute characteristic indications, Opium may be indispensable.

A remarkable illustration of the curative power of Opium in *Ileus* or *Volvulus*, is found in Frank's Physiological Magazine. A lady, in the fifth month of pregnancy, had taken some Cina for worms. She passed a few worms, but the bowels became costive. The abdomen was distended, painless; she had little appetite, not much thirst, nor was there any fever. The constipation defied all cathartics; the abdomen became painful; vomiting set in, first vomiting of mucus and afterwards of fæces. Emollient fomentations, even injections of tobacco, remained fruitless. Gangrene of the bowels was considered inevitable. The extremities had become cold, and covered with a clammy sweat. Singultus had set in, with frequent discharges of copious quantities of a watery urine. This fact led the attending physician to diagnose spasmodic ileus, and with a trembling hand he gave the patient a grain of Opium. That same night, a discharge of white mucus took place, and when the physician reached the house, several vessels had been filled with both liquid and hard fæces, mingled with lumbrici. The emaciated patient soon recovered, and gave birth to a healthy child.

Opium has been given with success in *Incarcerated Hernia*, in variable doses, from the middle potencies down to the tincture and first, second or third decimal triturations. Soon after Opium begins to act, the constipation yields, and by means of gentle manipulations the bowel slips back into the abdominal cavity with a gurgling sound. Opium may even prove curative after fæcal vomiting has set in, and the constricted parts assume a purple color.

3. *Effects of Opium upon the Urinary System.*

The general action of Opium upon the ureters and bladder seems to be to diminish the sensibility or the contractility, or both, of the

bladder and ureters. Allœopathic physicians avail themselves of this knowledge for the purpose of palliating the pain caused by the passage of a calculus through the ureter. They give Opium in a palliative dose, from twenty to thirty drops or more, as the case may be. Strictly speaking, this need not be considered as an infraction of the homœopathic law. The healing law has nothing to do with a case like this. We are summoned to afford relief from pain; we have to diminish the spasmodic irritability of the fibre and at the same time depress the sensibility of the tissues. We frequently accomplish this result with very small doses of Aconite, Belladonna, Chamomilla or Nux vomica The most appropriate means of relief, in some cases, may be a palliative dose of Opium. If a homœopathic practitioner should, under such circumstances, sacrifice his patient to the dogmatic application of an essentially humane and all-providing law, he would become recreant to the duties which he owes to common humanity, and he would not only stultify himself in the eyes of all enlightened homœopathists, but expose the sacred and life-saving art of Homœopathy to disgrace and derision.

In some cases of poisoning by Opium, the bladder has been found quite full, although no urine was voided; hence in

Retention of Urine, caused by deficient irritability of the fibres of the bladder, Opium would be a true homœopathic agent. This condition may occur as a symptom in cerebral affections to which Opium is homœopathic, such as delirium tremens, typhus. It may occur as an habitual condition in the case of old topers, in which case it may be associated with habitual constipation and depression of the cerebral reaction as characterized by imbecility, loss or decrease of memory, drowsiness, anorexia. If Opium causes paralysis of the sphincter, as it sometimes does, an involuntary discharge of urine ensues; hence an

Involuntary Flow of Urine, caused by paralysis of the sphincter, would be relieved by Opium, unless some other medicine should be more specifically indicated. These peculiar conditions of the bladder may co-exist with other symptoms in more general derangements, to which Opium is homœopathic, such as: Delirium tremens, typhus, mania; such secondary conditions, if met by the drug, constitute additional confirmations of its homœopathicity to the general disease.

In spasmodic conditions where Opium is indicated, the involuntary discharge of watery urine would not counter-indicate this agent.

4. *The Action of Opium upon the Sexual Organs*

Deserves our especial consideration. The first effect of Opium is to cause an increase of the sexual desire and power. This, however, may be followed by the opposite condition of impotence. Hence we prescribe Opium both for

Abnormal Sexual Excitements, manifested by libidinous fancies, violent erections, dreams, nocturnal emissions, and for

Impotence, without desire, occasioned by previous abuse, or by abuse of spirits, coffee.

In affections of the female sexual system Opium may be of great use; its curative powers in

Nymphomania, especially in the last stage of this dreadful disease, when the organic powers of the system seem threatened with paralysis, the lower jaw is depressed, and a ropy saliva is hanging out at the corners of the mouth; the skin is cold and clammy, the patient is emaciated, the pulse hurried and empty, the alvine evacuations take place involuntarily, and what little power of the brain is left, is directed towards sexual things, as evidenced by the character of the muttering delirium, provided the power to articulate is not altogether extinct; in this condition Opium may still prove useful.

In the case of parturient females, if the labor-pains are of a spasmodic and distressingly-painful nature, Opium is one of the remedies which relieves these pains.

5. *Action of Opium upon the Respiratory System.*

Opium causes dryness in the larynx, hoarseness, a dry and spasmodic cough, with blueness of the face, and subsequent sopor and cold sweat. It has also caused spitting of blood, and may therefore be useful during the spasmodic stage of

Whooping-cough, and in some forms of

Hæmoptysis. You recollect that the provers of Professor Jœrg experienced oppression on the chest, aching and stitching pains in the chest striking from the fore to the back part of the chest, burning distress in the chest, hacking cough.

The breathing is likewise powerfully affected by Opium. It is sometimes stertorous, at others so superficial that it is scarcely perceptible. It is likewise irregular, and may even intermit at times for a few minutes.

In cases of poisoning with Opium, the lungs have been found inflamed, and turgescent with air and a black, frothy blood. These various symptomatic and pathological manifestations convey the impression that in certain forms of

Pulmonary Congestion, characterized by such pains as we have described, oppressive and stitching pains, burning distress, with the cerebral symptoms characteristic of the action of Opium upon the brain, spasmodic cough, expectoration of a black, thick blood, Opium may prove a most useful remedy.

In consumptive patients, an attack of hæmoptysis may often be relieved by Opium even if the original disease is incurable.

The hæmoptysis of drunkards often yields to Opium.

Opium may cause a burning distress in the region of the heart, as from red-hot coal. In cases of poisoning the ventricles of the heart, particularly the right, have been found to contain a quantity of black, coagulated blood, the auricles being empty and relaxed. These symptoms and post-mortem appearances show the great use which Opium may afford in certain forms of

Congestion of the Heart, with burning distress, such as drunkards

may complain of, or as is sometimes experienced in consequence of violent grief, mortification or disappointment.

6. *Action of Opium upon the Vascular System.*

Small doses of Opium raise, and large doses depress the pulse. During a paroxysm of convulsions caused by Opium, the pulse is generally hurried; during sopor or coma, it is generally slower and weaker than natural. There are exceptions to this rule. In some cases of poisoning we find the pulse quicker than in its normal condition. These differences may in a great measure depend upon pre-existing constitutional peculiarities, and upon peculiar idiosyncratic relations between the brain and the poison. Under any circumstances, the pulse is no criterium for the selection of Opium. The homœopathicity of Opium to a given disease, depends upon the cerebral symptoms more than upon any other. In view of these symptoms, we find Opium indicated in the cerebral diseases which we have mentioned in our first category or division entitled: Action of Opium upon the Cerebro-Spinal Axis.

7. *Action of Opium upon the Skin.*

Opium diminishes the sensitiveness of the skin, but it promotes cutaneous perspiration. This is true, however, only of massive doses; small doses seem to have a tendency to diminish the cutaneous action. We mean by this that the primary action of Opium, which is to promote the cutaneous secretions, is met by the opposing action or reaction of the organism, and that this reaction is characterized by heat and dryness of the skin. Hence, in typhus-fever, delirium tremens, or any other disease to which Opium is homœopathic, heat and dryness of the skin and a moderately excited pulse would constitute additional indications for the use of this agent. In such cases, Opium should be given in small doses. On the other hand, the symptoms of organic reaction in a sinking condition, as it were, might be a cold and clammy skin, feeble and irregular pulse, sopor, incipient paralysis of the brain. Under these circumstances Opium might still be homœopathic to the symptoms. But you would have to give a larger dose. My rule is, and I think it is founded in reason and experience: During the first stage of organic reaction I give small doses, during the latter stages of reaction I give comparatively larger doses. If, in a case of cerebral typhus, Opium should be specifically indicated during the first stage of reaction, with the symptoms of congestion fully developed, a full, bounding pulse, hot and dry skin, flushed face, glistening eyes, a moderate dose of this agent, say the 6th or even 12th potency may be sufficient to enable the vital reaction to triumph; but if Opium should be indicated in this disease during the latter stages of reaction, with the signs of paralysis impending over the brain, depression of the lower jaw and eyelids, clammy skin, feeble, quick, irregular pulse, vacant and extinct look, cadaverous countenance, fetid and involuntary discharges from the bowels, I should deem it necessary to use a larger dose, from the

third down to the first potency or even a drop of the tincture in a tumblerful of water.

We may here add that the dryness of the skin caused by Opium, is often accompanied by itching and stinging.

Opium is not much used in eruptive diseases. Its action upon the skin is simply to cause a redness and itching of the skin, with the appearance of blotches after scratching. Nevertheless, it may fulfil important uses in exanthematous diseases. If an acute eruption, for instance, should manifest a tendency to strike in, the brain becomes prostrated, symptoms of coma or paralysis supervene, with cold and clammy skin, feeble, hurried, irregular pulse, and perhaps involuntary diarrhœa: Opium may prove one of our most valuable agents to free the brain from the dangerous prostration into which it has been plunged by the action of an inimical miasm. We therefore commend opium to your careful attention in

Sudden Retrocession of Acute Eruptions. A boy, for instance, who had confluent small-pox, suddenly showed symptoms of paralysis of the brain. The pulse became hurried and small, the patient was taken with diarrhœic stools and the pustules suddenly collapsed; some of them assuming a blackish appearance, and the rest containing a thin, watery pus. One drop of the tincture of Opium every two hours, and lastly three drops every three hours, removed the danger and effected a radical improvement.

Another child, a girl of eight years, was attacked with small-pox. The stigmata had already broken out, when they suddenly disappeared. A train of dangerous nervous symptoms developed themselves, such as: convulsions, epileptic paroxysms, burning heat of the skin, involuntary stools, etc. Next day the patient became very restless; breathing short and moaning; chin depressed, face and extremities cold, forehead and abdomen burning hot, eyes half closed with the eyeballs rolled upwards, inability to swallow, collapse of pulse, hippocratic countenance. Five drops of the tincture of Opium were administered at one dose. Half an hour after, the patient became quiet, a profuse sweat broke out, the exanthem reappeared and the patient recovered.

In all such cases, the small-pox miasm, or the measle or scarlet-fever miasm, or the miasm of any other exanthematous disease threatens the life of the brain, and it is here in the inmost fibres of this central organ of vitality that the inimical principle is met by the specific drug-force which, if successful, compels the exanthem to pursue its normal course of development. We have a number of agents which act in this direction, Opium, Camphor, Arsenic and others.

In the successful treatment of

Polypus, the tincture of Opium has proved very useful. In several German Journals, in Hufeland's Journal, in Froriep's Notizen, and in other publications, cases have been published showing that polypus can be removed by touching it with the tincture of Opium. Polypus of the nose has been successfully treated in this

way. A case is reported in Hufeland's Journal, where a nasal polypus was extirpated twice by an operation, but grew again and was finally touched with Opium. Gradually it shrank to a withered little sac which was readily pinched off.

Even *Uterine Polypus* has been gradually removed by means of Opium. A polypus protruded to the length of two inches between the labia majora of an unmarried female of forty-three years, through a small aperture of the hymen which had not been ruptured and was very firm. The polypus bled readily at the least contact. Twice a day it was penciled pretty thoroughly with Opium. In twenty days it had retreated behind the hymen. The operation was continued by means of a canula to which a camel's hair pencil was attached. Within seven weeks the excrescence was entirely destroyed.

In *Gangræna Senilis*, when a cure cannot possibly be expected, we may afford relief from the pain by palliative doses of Opium. Even the further spread of the mortification has been prevented by this means.

In the *Acne Rosacea* of drunkards, the burning and itching of the eruption may sometimes be palliated by the internal use of small doses of opium, and the simultaneous application of a mild Opium-wash.

FEVER GROUP.

We have already pointed out the specific homœopathicity of Opium to

Cerebral Typhus in the different stages of this disease. It may likewise be of great value in those dangerous forms of

Intermittent Fever where apoplexy may set in after the second or third attack; a fever described by Hufeland and others as

Febris Intermittens Perniciosa, and by others as

Apoplectic Intermittent Fever. From three to five drops in a tumblerful of water may be given in tablespoonful doses every ten or fifteen minutes, until the dangerous comatose symptoms are effectually controlled.

8. *Action of Opium upon the Mind.*

Opium stupefies the mind; it causes imbecility and stupid indifference to pain or pleasure. It causes complete loss of memory, or a crowding of ideas upon the mind, or of elevated and profound meditations. De Quincy informs us that Opium would exalt his imagination and call up the sublimest and most ecstatic fancies. In others it excites frightful visions of ghosts, demons and horrid beasts. It causes furious delirium and mania with redness and bloating of the face, or stupor with signs of cerebral paralysis, inarticulate speech, low muttering delirium. These symptoms suggest Opium as one of our mightiest agents in *Typhus, Delirium tremens, Mania, Imbecility* and other cerebral derangements to which your attention has been directed before.

SLEEP.

We need hardly allude to the soporific powers of Opium. Large doses cause sopor and stupor, small doses may excite a state of wakefulness. Hence, although sopor and stupor constitute striking indications for the use of Opium, so does on the other hand, wakefulness. In some forms of hysteria; in typhus, in delirium tremens, or mania, where sleeplessness is a prominent symptom, it may indicate Opium provided the other symptoms of the group correspond.

MORPHIUM.

Morphium and its salts, the *Acetate* and *Sulphate of Morphia*, seem to represent the narcotizing principle or the active principle of Opium more nearly than any other constituent of Opium. It acts almost like Opium except that its action is more concentrated, and that therefore much smaller quantities are required in order to manifest its physiological effects. Its action upon the digestive apparatus is more marked than that of Opium.

In Wibmer's Toxicology a number of experiments with the pure Morphium and likewise with its salts, the acetate and sulphate of Morphia are related, which, however, do not shed any additional light on the physiological action of Opium. The effects obtained simply confirm the specific range of action of this great agent. One or two short experiments may serve as examples of all the rest. The experiments were instituted under the supervision of Professor Berandi.

Allinio, twenty-two years old, of bilious temperament, pulse sixty-six in the minute, took one-eighth of a grain of the acetate of Morphia in two ounces of water. The solution had a bitter acrid taste. In five minutes he experieuced a pain in the pit of the stomach, disposition to sleep. and somewhat labored respiration; in twenty minutes a copious sweat broke out over the whole body; the pupil was considerably dilated, the pulse beat ninety-four times in the minute. In thirty-three minutes he felt drowsy, had a pain in the frontal region. In fifty minutes the lips looked livid, the face red, bloated; the conjunctiva looked swollen, he had a beating pain in the forehead. In fifty-two minutes he felt a pain in the region of the bladder; his countenance assumed an expression of silliness, the eyes glistened, he felt very thirsty and feeble. In about an hour and a half, his skin began to itch, he complained of pain in the urinary and sexual organs, especially in the right spermatic chord, heaviness in the frontal region. These symptoms continued for several hours; at that period he complained of a violent pain in the pit of the stomach, nausea, disposition to vomit. After midnight he became restless, had headache, pain in the umbilical region, and afterwards slept soundly until half past six o'clock.

All the other experiments yielded similar results, except that larger doses would develop these effects with more intensity. The headache is more violent and stupefying, the eyes sparkle, the face looks red and becomes covered with drops of sweat, the tongue looks

inflamed at the tip and edges; the pain in the region of the stomach, umbilicus and bladder is very marked.

In Charvet's Essay "On the Effects of Opium," we find the following case of poisoning by the acetate of Morphia which is interesting to homœopathic practitioners in so far as it may afford us additional light concerning the use of Opium in

Apoplexy, if attended with violent cerebral congestions. In the evening a dose of this salt was administered to a patient, which resulted fatally. The pulse first became intermittent, small and contracted, afterwards fuller, the patient being somewhat stupefied and slightly convulsed. Twenty-four hours after, he was unconscious, the head drawn backwards, the breathing labored, the face had a bluish tint; some phlegm in the mouth; the upper parts of the body were covered with a viscid mucus, the lower extremities cold and jerked convulsively. On the third morning the body looked blue, the breathing became stertorous and slow, the pulse collapsed, the pupils were very much contracted; gradually the face became cadaverous and death ensued. The sinuses and veins of the brain were found turgid with blood, the ventricles of the brain and the pleural cavities filled with a bloody serum, the coats of the stomach ecchymosed.

Orfila relates a short but exceedingly interesting, and instructive case, with which we will close the physiologico-pathological history of this remarkable agent.

A young physician ordered twenty-four grains of the acetate of Morphia in an ounce and a half of water. In ten minutes, the patient experienced a violent burning in the back part of the head and pit of the stomach, whence a formicating sensation spread along the linea alba to the bends of the knees. Some time after, a similar sensation was experienced in the upper extremities which, together with the lower, felt as if crushed to atoms. The whole inside of the heart felt hot; in a few hours a burning thirst was complained of, with dryness of the tongue, and stinging in the eyes which felt as if covered with a gauze. The consciousness was undisturbed, there was neither nausea nor vomiting. The heat now spread over the whole body, except the extremities which remained cold; the abdomen became distended, the carotids beat violently, the patient sank into a stupor. Thirteen hours after, Orfila took charge of the patient, and saved his life by means of cold affusions, acidulated drinks, injections of Tartar-emetic, etc.

This case again illustrates with a remarkably characteristic range of symptoms the relationship existing between Apoplexy and perhaps

Paraplegia accompanying and resulting from this disorder of the cerebral functions. Characteristic indications for the use of the acetate of Morphia in this affection are the violent aching pains in the extremities as if they should be crushed to atoms, coldness of the extremities, formicating sensation in the upper and lower limbs, and symptoms of violent cerebral congestion, such as redness and bloat-

ing of the face, stupor, throbbing of the carotids, obscuration of sight. Morphine may be given in doses of from one-hundredth down to one-tenth of a grain. One-tenth of a grain is not a poisonous dose, although it may produce marked medicinal symptoms. It should not be given more than once or twice a day.

LECTURE XLIX.

PHOSPHORUS

Was discovered in 1669 by Brandt, a chemist in the city of Hamburgh, in the urine. Phosphorus is obtained from the ashes of bones which have to be burnt in the open air, and to which sulphuric acid, water, and charcoal are gradually added. The name is derived from the Greek phos (light) and phoreo (I carry); it is also obtained in native phosphates, such as phosphate of lime, iron, etc. It is a constituent of bones, urine; it is said to exist in the brain, but in what form is not known. Phosphorus should be preserved in a stoppered vessel filled with water, and kept in the dark. It has a garlic-like odor, shines in the dark, and is flexible; a solution may be made of it, by dissolving pieces of Phosphorus in hot water, and shaking the solution with strong alcohol, for a fortnight, every day. The Phosphorus will thus be divided into an infinite number of globules. The tincture is colorless; it should be preserved in blackened glasses; but has a strong odor of Phosphorus, and vapors of Phosphorus are formed by pouring the tincture upon the hand or upon water. This tincture should not be kept too long. Triturations may be made of Phosphorus by cutting a grain of it into twelve or more pieces and kneading them together with a paste of one hundred grains of sugar of milk and fifteen drops of water.

Small doses of Phosphorus, from one-tenth to one-eighth of a grain, cause a sense of increased and agreeable vitality, increased action of the pulse, increase of the cutaneous secretions, secretions from the lungs and kidneys. One grain causes all these symptoms and moreover great sexual excitement. A few grains will induce burning in the œsophagus and stomach, belching up of wind, nausea, vomiting, thirst and fever. Poisonous doses cause inflammation, gangrene and perforation of the stomach, gangrenous petechiæ on various parts of the body, death.

According to Dumas, pure Phosphorus is flexible; a stick of it may be bent seven or eight times; but the addition of one-three-hundredth part of Sulphur renders it brittle.

Workmen exposed to the fumes of Phosphorus, are occasionally attacked with necrosis of the jaw-bones. The disorganization commences with inflammation of the gums, after which the teeth

become loose and fall out. From the empty sockets and around the roots of the remaining teeth a copious fetid ichor is discharged. The whole of the lower jaw, from one articulation to the other, sometimes forms, together with the soft parts which are attached to it, one apparently homogeneous, hypertrophied, osseous mass, having a livid appearance and perforated along the margin by small fistulous openings overgrown with fungoid granulations. In some cases the teeth look black, covered with a thick layer of a firmly adhering, viscid, dingy substance. This disorganization is accompanied with a general decay of the vital functions. The inspired air is poisoned by the fetor emanating from the ichorous secretion which becomes moreover mingled with the saliva, with the food and drink, thus ruining both respiration and digestion.

Considerable diversity of opinion prevails regarding the manner in which this disorganization develops itself. Some think that it is exclusively produced by the direct action of the fumes of Phosphorus upon the jaws. Others, on the contrary, like Professor Wood of this city, attribute it to the absorption of the poison by the blood. It may however be presumed, as Dr. Pereira very justly observes, that if this were the origin of the disease, other bones would likewise show some signs of decay. So far as we know, however, the upper and lower maxillæ, and the frontal bone are the only bones which have been attacked. It is true, as Dr. Lorinser, one of the adherents of the absorption-theory remarks, that individuals under the influence of Phosphorus, have a peculiar sallow complexion, combined with a dull expression of the eye and gastric derangement. But even if our explanation of this constitutional cachexia were insufficient, there is no reason why we should not adopt both theories, that of local disorganizing action, and of the constitutional derangement produced by absorption.

These distressing results may be prevented by cleanliness and a perfect system of ventilation. In the London factories, the dippers wear sponges before their mouths; and all the work-people employ a solution of soda for washing their hands.

Phosphorus has been very little used by allœopathic practitioners. In some of the standard works on Materia Medica and Therapeutics, the name of this invaluable agent is not even mentioned. Trousseau and Pidoux, for instance; Dierbach and others seem to ignore the existence of this substance as a therapeutic agent.

Phosphorus seems to be in relation with that element or principle in the brain which regulates the renovation of the nervous tissue. Physiological chemistry has determined the presence of Phosphorus in the nervous substance, as it has the presence of iron in the blood. As iron plays an important part in diseases of the blood, so does Phosphorus in affections of the nervous system. If the reproduction or supply of nervous tissue is deficient or abnormally altered by some cause or other, Phosphorus is, under certain circumstances, the great power which enables us to repair the damage.

In order to obtain a broad and, at the same time, lucid and reliable knowledge of the action of Phosphorus, we shall find it advantageous to examine a few cases of poisoning by this agent, which will afford us an opportunity of becoming acquainted with its therapeutic powers in all their fundamental characteristics. A few provings by Sundelin, Holcombe, Bouttaz and others will afterwards complete our study of this eminently useful and important drug.

Worbe relates the following case in a memoir read to the *Société médicale d'Emulation.*

A man, twenty-eight years of age, swallowed half a grain of Phosphorus in some hot water. Experiencing no effect he swallowed three days afterwards a grain and a half in the same vehicle. Towards evening he complained of violent pain in the stomach and bowels, attended with unceasing painful vomiting and diarrhœa. Dr. Worbe saw him on the seventh day after the poisoning. The epigastric region was painful, the abdomen distended; he was very weak, could only lie on his back, and articulated slowly and with great difficulty. His features had a sort of fixity which impressed upon his physiognomy a singular air of sadness, languor and wandering of mind. The tongue and lining membrane of the mouth looked natural: the lips and skin presented a livid shade, the conjunctiva had a deep yellow tint. The pulse was a little hard, respiration natural, urinary secretion normal. Since the first day of the poisoning, the alvine evacuations had stopped.

In spite of an antiphlogistic treatment, the application of leeches to the epigastric region, baths, fomentations, cataplasms, emollient injections, gum-water, the patient grew worse, recognized no one, tore off with violence everything placed on his abdomen. He was convulsively agitated. The abdomen was contracted. Pressure excited plaintive cries and irregular movements. The mouth was tightly closed; after bleeding him at the instep, the stomach became meteorized. The urinary and alvine discharges became involuntary, respiration slow and easy; the beats of the heart regular and deep. On the eighth day of the poisoning, towards evening, the pulse at the wrist disappeared; the whole body was intensely yellow and covered with a cold sweat. He died early next morning.

Post-mortem appearances: Physiognomy unchanged; the limbs were not as rigid as usual. The skin was yellow, the subcutaneous veins of the abdomen and the upper part of the thigh very prominent and arborescent; the scrotum had a bluish tint. The thorax contained a quantity of blackish serum; the lungs were gorged with blood, the flaccid heart contained but a small quantity of blood. The mucous coat of the stomach was the only inflamed membrane; the other coats as well as the duodenum were pale and flabby, the sub-mucous cellular tissue of these viscera was distended by gases; at both extremities of the stomach, at the cardiac orifice as well as at the pylorus, black or rather slate-colored spots were seen, which were genuine ecchymoses. The intestines were distended with gas, containing very little fluid. The bladder looked healthy; the brain was not examined.

It is unfortunate that two of the main organs which were evidently powerfully acted upon in this case, were not examined after death; we mean the brain and liver. The symptoms of jaundice which existed in this case almost from the commencement, justify the supposition that both functional and organic changes had taken place in the liver under the action of Phosphorus. We find this case commented on by Dr. Holcombe of Waterproof, La., one of the best educated and most interesting writers of our school. "There is no nice distinction recorded to show whether the tenderness on pressure involved also the hepatic region; but as the duodenum was found healthy, we may safely infer that there was no extension by continuity of the gastric inflammation to the liver. Whatever morbid impression that viscus may have received, was certainly due to the absorption of the Phosphorus into the circulation." We shall afterwards learn from other cases of poisoning that Phosphorus has a decided action upon the liver, and that it produces derangements in the functions and structure of this organ which justify its use in various affections of the liver characterized by a jaundiced appearance of the patient.

We are informed that the stomach was found inflamed after death. The symptoms which the patient manifested during life, the distressing and continued vomitings, the excessive distress in the epigastric region, the meteorism of the stomach, the expression of fixity and sadness in his features, the languor and wandering of mind: these symptoms sufficiently show that the nerve-force of the stomach was prostrated by an inimical power and threatened with utter extinction. Let us then remember that in certain forms of gastritis Phosphorus may prove of immense use to us.

We are informed that the lungs were gorged with blood. We simply point out this fact to your attention, as introductory to what we may have to say regarding the specific action of Phosphorus upon the respiratory organs.

Another marked feature in this case is the state of venous congestion which Phosphorus induced, and which was distinctly perceptible in the subcutaneous veins of the abdomen, thigh, and in the capillaries of the scrotum. These signs of congestion most probably arose from the fact that the liver was no longer able to send the blood which was poured into it through the vena porta, forward in a purified state into the general circulation. To sum up, this case teaches us that Phosphorus acts upon the stomach, liver, and primarily upon the nervous energy which the brain, through the great sympathetic, imparts to these organs in order to enable them to fulfil their functional destiny.

Our next case is taken from an article on Poisoning by Phosphoretted Materials, by Professor Leudet of Rouen, published in the *Archives Générales de Médecine*, March, 1857. We find a translation of this case in the North-American Journal of Homœopathy by Dr. Holcombe, from which we make the following extract.

June 3rd, 1856, at six o'clock in the evening, J. V., swallowed, to accomplish suicide, the inflammable material of four boxes of lucifer matches, scraped off into a wine-glassful of brandy. He had first taken a repast of solid food; the swallowing of the poison occasioned no pain in the mouth or pharynx. In about fifteen minutes be experienced a slight burning and pricking in the stomach, accompanied by eructations of whitish vapors through the mouth and nose. At eleven in the evening, five hours after taking the poison, he was taken with severe pains, colic and diarrhœa; vomiting supervened, and at the same time excessive thirst. He drank during the night six quarts of water. The vomiting lasted all night; in the morning, the patient experienced vertigo and some pain in the kidneys, none in the nape of the neck.

The vomitings continued during the fourth; magnesia, mucilaginous drinks and ice-water, were administered, after which the vomiting ceased entirely.

On the fifth, a little *yellowish* tint appeared in both conjunctivæ, especially at the internal angles. The patient had experienced all night severe pain in both the upper and lower limbs. These pains which he compared to cramps, persisted all the time, but underwent occasional exacerbations, during which the muscles were stiffly contracted. The intelligence remained perfect; epigastric pains slight, but there was sensibility to pressure in the epigastrium and right hypochondrium. The patient took no notice of things which were passing around him, but his responses were always correct. The *icteric* coloration of the eyes became more and more manifest, and extended also to the face and extremities.

On the sixth of June, the jaundiced hue was very evident all over the body. He complained of lancinating darts through the forehead at intervals. About six in the evening, violent delirium supervened; the patient became restless, wished to get out of bed, and at last had to be tied. Towards morning, delirium gave place to coma, and he died after a short agony.

Post-mortem appearances: The brain was found healthy. Ecchymoses of extravasated blood were found under the serous membrane of the lungs, and in the substance of the lungs, not amounting however to sanguine infiltration or apoplectic effusion. The pericardium and endocardium also exhibited ecchymotic spots underneath their tissues.

The white parts, the bones, cartilages and the internal coat of the arteries all presented a strong icteric coloration.

The stomach was found slightly reddened along the lesser curvature, the general tint a little yellow. The bowels were healthy except the lower third of the small intestine which was found distended by a bloody matter, mixed with fæces. Throughout the seat of this bloody effusion, the mucous membrane was reddish in tint and a little softened.

The liver was a little more voluminous than natural, and presented a clear yellow color, almost uniform, comparable to that of fatty liver. It did not, however, offer any actual traces of fatty degeneration.

In this case the toxical influence shows a specific tendency to affect the biliary apparatus, which confirms our previous deductions relative to the therapeutic powers of Phosphorus in affections of the liver, characterized by appearances of jaundice.

Another group of symptoms to which our attention is called in this case, is the gastro-enteritis affecting the lower third of the small intestine. We can readily understand why the stomach and the upper two-thirds of the intestines showed no traces of inflammation, in this case. The patient had eaten a full repast immediately previous to swallowing the poison. The presence of the food prevented the irritating action of the poison until it had become sufficiently freed from this mass of material to come in contact with the mucous lining. This could not well take place except at some point in the lower portion of the small intestines. In the meanwhile a sufficient quantity of the poison had been absorbed to produce constitutional symptoms, which were partly manifested in the brain, and partly in the extremities, the central focus of the operations of the poison being the liver. Here we have a trinitary cycle of phenomena which frequently meets us in important affections of the liver: the disease of the liver occupying the centre, and the distress in the brain and extremities the terminal points of this series. In the present case the brain manifested its involvement in the hepatic disease by lancinating pains in the forehead, and a loss of power to notice things; and the extremities evidencing their sympathy by severe crampy pains.

The third case is taken from the same source as the second, and illustrates in a very marked manner the specific power inherent in Phosphorus to derange the hepatic functions. We find a translation of this case in the North American Journal of Homœopathy, by our esteemed co-laborer, Dr. Holcombe, from which we will make a few short extracts.

On the 5th of June, at eight o'clock in the evening, Maria Leblanc, six hours after having eaten, swallowed the combustible matter of a box of matches, dissolved in a cup of coffee. Immediately after its ingestion, she had frequent eructations, and declares that there issued from her mouth fumes of a strong garlicky taste which were luminous in the dark. In about three-quarters of an hour, she felt severe pain in the throat, a sense of swelling in the tongue, and a pricking in the epigastrium. The pain was paroxysmal, at intervals of five minutes. The woman experienced great sense of fatigue, and there was a peculiar insensibility of the skin of the extremities.

June 6th.—Nausea without vomiting; numbness of the extremities; formication; sensibility so much diminished that she could not pick up a pin between her fingers. In the evening she was brought to the hospital, pale, features slightly changed; had lively thirst; epigastric pains more marked; skin dry; pulse normal.

June 7th.—Commencing *jaundice;* chills; intelligence intact.

June 8th.—Decided jaundice, with bad taste in the mouth, somnolence; the liver is sensitive to pressure, projects a very little beyond

the false ribs; more chills; fever more severe. Pulse down to fifty or sixty. Red spots are seen on the arms which disappear on pressure.

The pain in the liver and the enlargement is increased; delirium suddenly supervened, followed by a comatose state interrupted by occasional screams. Delirium, coma, dyspnœa, yawning, loss of intelligence, difficulty of articulation, cries, trismus terminated the scene.

Post-mortem appearances: Bloody serum in the cavity of the pleura and of the pericardium; ecchymoses on the costal pleura. Pulmonary engorgement; heart small, collapsed, containing no blood.

Ecchymoses under the peritoneum; bloody serum in its cavity. Stomach and upper half of small intestines full of bloody mucus. Liver larger than natural, of deep brown color and softened. Spleen also enlarged and softened, ecchymoses under its serous coat. Bladder contained a large quantity of bloody urine and many ecchymoses under its mucous membrane. Ecchymoses under the peritoneal coat of the uterus and its appendages.

This case again illustrates the marked specific action of Phosporus upon the liver. The liver was enlarged, in a condition resembling hepatitis, with the jaundiced tint which always accompanies this disease. The parenchyma of the liver was found softened. The transformation apparently took place in this way: First, the nerve-force of the organ was struck down by the absorbed poison; the pulse went down to fifty. The organ became congested, enlarged, and gradually softened, with the accompanying chills and burning fever which are always present during the final dissolution of a vital organ.

"This case," as Dr. Holcombe justly observes, "remarkably illustrates the power of Phosphorus to produce those blood-metamorphoses or those modifications of the capillary system, perhaps both at once, which result in hæmorrhages either by ecchymosis into the tissues or by exudation into the cavities."

The red petechiæ upon the arms deserve our notice. According to Orfila, the petechiæ caused by Phosphorus are red, containing a somewhat bright-red, fluid-blood; whilst those caused by Arsenic are black or blue.

The numbness of the extremities, the formication and the final complete loss of sensation, in this case, will not have escaped your notice. We shall show you, by and by, that Phosporus may prove eminently useful in paralysis resulting from spinal weakness.

A man of orderly habits, thirty-nine years of age, had been preparing for the last three years locofoco-matches in his own apartment, where he likewise kept the materials and the manufactured supply. A year ago, a quantity of Phosphorus and locofoco-matches took fire with a violent explosion and the rising of a quantity of phosphorated vapor, which he inhaled, in consequence of which he experienced a feeling of suffocation and fainted. After this he complained of a feeling of weakness in the back, as if crushed,

followed by weakness of the extremities and trembling after the least exertion; lastly he was seized with a creeping and twitching sensation under the skin. At first he was tormented by great desire for sexual intercouse; this, however, disappeared at a later period, and, for the last six months, all erectile power had left him. In other respects he enjoyed good health, had good appetite, the bowels moved naturally, the respiration was normal, and the functional activity of the brain seemed unimpaired. When admitted into the hospital, both the lower limbs were so feeble that the patient was only able to stagger for a moment or two with a trembling step. When attempting to stand, his knees shook and gave way; his hands and arms trembled when he attempted to use them; while in a state of rest, the muscles of the whole body, but especially those of the extremities, seemed to be twitching to and fro, though they were not painful; different muscles or bundles of muscles twitched at different periods. At times the twitching stopped, but it was easily excited by contact. In the left arm he experienced a continual sensation of formication under the skin; the skin all over the body had a natural feeling, the spine was not sensitive or painful, but so feeble that the patient was neither able to raise himself nor to remain in a sitting posture. His mental faculties, sensual functions, his lungs, heart and digestive organs, were all in a normal condition; but he stuttered, when endeavoring to articulate. All efforts to help this patient were fruitless; he continued to live three or four years longer, although the paralysis went on increasingly. The intelligence remained perfect.

This case is taken from a Swedish work by Huss, entitled "Chronic Alcoholism," where the effects of various poisons are described. The chronic effects of alcohol may be considered as typical of the chronic effects of many other poisons.

What strikes us above all things, in this case, is the disorganizing action of Phosphorus upon the spinal marrow. According to Arnold, Phosphorus produces degeneration and deliquescence of the spinal cord. The effects of the deleterious action of Phosphorus upon the cord, showed themselves in this case by the complete prostration of all muscular power. The sentient as well as the motor nervous power was thoroughly assailed by the poison. A knowledge of this fact may yield precious means of cure in cases of

Paralysis of the Spinal Cord, as may be seen from the following case, reported in Hufeland's Journal, and quoted in Frank's Physiological Magazine: A girl of sixteen years, with a broken-down constitution, and having never yet menstruated, had been confined for three years with paralysis of the spinal marrow. She was unable to turn about in bed or to sit up, and sank down utterly powerless if an attempt was made to raise her. The paralysis had come on and had developed itself gradually; in other respects the patient did not complain much. For the last two years she had been attended by a physician without experiencing any benefit from his treatment. Dr. Frank, who reports this case, finally put her on the use of Phosphorus dissolved in ether, of which solution she took twenty-five drops four times a day. The strength of the solution is not stated,

but it was very probably two grains of Phosphorus in an ounce of ether. Two months after this treatment had been commenced, the patient was able, for the first time in three years and a half, to leave her bed and walk on two crutches; gradually she only required a cane for her support, and some time after, the menses made their appearance. The Phosphorus was continued, together with baths in which some sulphuret of potash was dissolved. Some six weeks after the first menstrual period, the patient was able to walk half a mile without an effort, and without using a cane. The improvement proved permanent.

A most interesting and instructive case of poisoning by Phosphorus is contained in the January number of the American Journal of Medical Sciences. A soldier, twenty-one years of age, swallowed the ends of six ordinary packets of locofoco-matches in order to destroy himself. Three hours afterwards, he was seized with frequent attacks of vomiting, in consequence of which a large quantity of the matches was expelled. His pulse was frequent, tongue coated, head hot; he complained of headache.

An emetic was given; cold applications were made to the head, and Magnesia milk administered in considerable quantities. A greenish fluid was vomited up, with undigested food, mucus, and some ends of the matches; the fluid did not emit any odor of Phosphorus. The remainder of the report we take from the North American Journal of Homœopathy, to whose pages Dr. Peters has transferred it in an abbreviated form.

The next day after using the emetic, the headache was less severe, pulse ninety-two; stomach but slightly sensitive to pressure, but there were pains in each hypochondrium.

In the afternoon, the turgescence of the face had increased, as had also the hypochondriac pains; there was burning thirst, with dryness of the mouth; the headache had completely disappeared; the urine was highly colored and frothy; its specific gravity increased, and it was found to contain *albumen* and *exudation cells;* this state of the urine continued during the whole course of the disease.

Three days after the Phosphorus had been taken, the thirst and dryness of the mouth, with the hypochondriac pains, had increased, and there were, moreover, darting pains in the chest. The tinge of the face was heightened, the sensibility of the epigastric region more marked, and the tympanitic percussion-sound of the stomach more extensive. Leeches and ice were applied to the epigastric region; ice was given internally, with the view of assuaging the intense thirst; the Magnesia was also continued.

The above symptoms persisted, and the face assumed a remarkable bluish-red color, except a colorless band of about an inch in breadth, which extended from the highest point of the forehead down to the median line of the chin, and was sharply defined, giving to the face a most peculiar appearance.

On the fourth day, the pains in the hypochondrium had somewhat abated, *but those of the breast had become intolerable,* without there being any physical signs of disease of the chest. The bluish-red

color of the face had changed into a perfectly cyanotic hue, the median line of the face continuing free from all color. The epigastric pain had ceased. The patient sweated profusely, and the vapor arising from the body gave out an intensely phosphoric odor.

A peculiar symptom now showed itself: *deprivation of sight.* The patient, who retained perfect consciousness, stated that in the horizontal position he could perceive a feeble ray of light, but that *when he sat up he could not see at all;* the pupils were so dilated that only a narrow ring of the iris was visible; they were influenced by the light. He now complained of darting pains in the eyeballs. The pulse was one hundred, but moderately full and strong; in the afternoon it rose to one hundred and forty, and was small and weak. The sense of hearing was lost, the extremities were cool, and the second sound of the heart was no longer audible.

The patient, who was still perfectly conscious, died tranquilly.

Post-mortem appearances: The brain was pale, bloodless, and softer than natural; the ventricles contained a trace of serum; the sinuses were distended with dark, fluid blood.

The lungs were of a dark-red color; in the right lung were many patches of extravasated blood; the sub-pleural cellular tissue had numerous ecchymoses; the pleura contained much bloody serum.

The pericardium contained a little reddish serum; the heart was soft, the left ventricle empty; the right ventricle and the great veins contained much blood, partly in a state of loose coagulation and partly fluid.

The liver was to some extent enlarged, fatty and perfectly bloodless. The spleen was bloodless.

The *cortical substance* of the kidneys was granular. The Malpighian corpuscles resembled red points. On a microscopic examination, the uriniferous tubuli were found blocked up with exudation-matter.

The reporter of this case, Dr. Nitsche, remarks, with respect to the existence of albumen in the urine, and the signs of commencing Bright's disease, it is not likely that this condition was present before the reception of Phosphorus, for the patient's previous health was excellent. It is much more probable that the lesion of the kidney was produced directly by the Phosphorus, for the same has been observed in instances of poisoning by other agents. Moreover, argues the Doctor, it should be remembered how much the kidneys are exposed to injurious influences in the separation of noxious materials from the system.

A good deal of valuable and important information may be derived from this case regarding the treatment of pulmonary, hepatic and renal diseases.

According to Dr. Peters, the renal degeneration suggests the use of Phosphorus in Bright's disease of the kidneys. He infers this from the fact that the urine contained albumen and exudation-cells during the life of the patient, and that the cortical substance of the kidneys was granular.

This writer, it seems to me, has put a rather liberal interpretation

upon these phenomena. They seem to me to indicate simple desquamative *congestion of the kidneys*, unless we choose to consider every state of inflammatory irritation of the kidneys resulting in the secretion of albumen and exudation-cells in the urine, as a form of Bright's disease. In Bright's disease, after coagulation of the albumen, the specific gravity of the filtered fluid, according to Christison, is found to fall four, five or even seven units, especially at a later stage of the disease. In the case before us, the specific gravity of the urine had increased. It was high-colored and frothy, showing that the renal affection was of an inflammatory character.

There is great danger in determining the homœopathicity of a drug to a given disease by the post-mortem appearances in a case of poisoning. Here was exudation in the uriniferous tubes, and a granular appearance of the cortical substance. But the cortical substance of the kidneys is constitutionally granular, "a soft, reddish, sometimes yellow layer of a granular appearance,"* which appearance may have become more distinct in consequence of the general inflammatory irritation pervading the tissues of the organ. "Bright's disease," says Lehmann, one of the great physiological chemists of the age, "is, as is well known, a term of very wide significance; but if we limit it as much as possible, and merely include under the term a degeneration of the tissue of the kidney, more especially of the cortical substance, whether of a fatty or other character, we may regard the presence of albumen in the urine as a constant symptom of this disease. But in transitory renal catarrh, such for instance as occurs in erysipelas nearly as frequently as after scarlatina, albumen, together with the well known epithelial cylinders of Bellini's ducts, is found as constantly in the urine as in inflammatory affections of the kidneys, where it is associated with the fibrinous plugs of the same ducts, and as in true Bright's disease. It is almost unnecessary to observe that the presence of pus or blood in the urine necessitates that of albumen, but it is worthy of notice that a little albumen, together with mucus-corpuscles, is always found in uncomplicated severe catarrhs of the mucous membrane of the bladder."

My object in expatiating upon this theme is to caution you against prescribing for mere names. If you find albumen and exudation-casts in the urine, you are not only at liberty, but it behooves the dignity of your profession to determine, by all the perceptible phenomena of the disease, the exact character of the functional or structural derangement which you are desired to remedy. You may call the form of albuminuria which presents itself to your care, Bright's disease of the kidneys, or desquamative catarrh of the kidneys, or congestion of the cortical and tubular substance of the kidneys; the main point will be to satisfy your mind that Phosphorus is the right remedy in the case; that the curative force represented by Phosphorus, corresponds with the morbific principle which is developing the pathological process before us; facts should undoubtedly guide you in determining this point, but you may not always be able to get along without some sort of intuitive illumination in wandering through the labyrinth of structural pathology.

* Cruveilhier, p. 437.

If a case of albuminuria is complicated with symptoms of hepatic and pulmonary derangement indicating Phosphorus, our choice of this agent would of course be confirmed by the presence of these affections. Granular liver and pulmonary tuberculosis may be ranked among this number.

The condition of the lungs in this case next requires our attention. We are informed that "the lungs were of a dark-red color; in the right lung were many patches of extravasated blood." The patient complained of *intolerable distress* in the chest, which continued to the last moment of his life.

Here are sure indications that Phosphorus affects most deeply the nervous life of the lungs bringing about its gradual extinction and marking the process of dissolution with signs of engorgement, bloody infiltration, ecchymoses, effusion of bloody serum in the pleural cavities. Hence we shall find Phosphorus indicated in

Pneumonia, especially when sanguineous infiltration of the parenchyma has taken place, in the stage of red hepatization, and likewise in

Apoplexy of the Lungs, the face being very livid like that of persons who die of suffocation. In

Pleuro-pneumonia, with effusion of bloody serum in the pleural cavity, Phosphorus may prove curative, especially in the case of strumous individuals whose blood is constitutionally impoverished and is very readily decomposed and consequently prone to lead to exudations.

We are told that the liver was found enlarged, fatty and perfectly bloodless. Here then we have another proof of the specific action of Phosphorus upon the liver as a disorganizing agent. In a former case of poisoning we pointed out the homœopathicity of Phosphorus to cirrhosis of the liver, also described as granular, mammillated or hob-nail liver; the present case shows us that Phosphorus may be a valuable agent in

Fatty Degeneration of the Liver, in which disease, according to Dr. Addison, the skin of the face and even of the whole body, acquires a remarkably bloodless, almost semi-transparent and waxy appearance, sometimes like polished ivory, and, in other cases, with a sallow tinge, resembling a common wax model.

The appearances in the stomach claim our attention. The sensitiveness in the epigastric region led to the inference that the poison had developed inflammation of the stomach, and yet the only disorganizations revealed by a post-mortem examination, were some hyperæmia of the fundus of the stomach, and a quantity of mucus adhering to the mucous membrane of the stomach. We judge therefore that the large dose of the poison at once so completely prostrated the vital reaction as to prevent the development of signs of inflammation. In the experiments made by Orfila, Giulio and other physiologists upon animals, Phosphorus seems to have uniformly produced signs of inflammation in the stomach, œsophagus or small intestines.

It appears from this case, however, that Phosphorus not only acts as an irritating poison, producing inflammation of the mucous membrane, wherever it comes in contact with this tissue for a sufficient length of time; but that it likewise extinguishes the nervous life of organs, not through primary lesions inflicted upon the brain, but by its direct action upon the ganglionic system. This is evident from the progressive extinction of all organic life in the present case, the patient preserving his consciousuess to the last. The last sign of this extinction of innervation was the complete loss of sight.

Amaurosis, especially when sitting up, in which position the sinking heart was no longer able to send a sufficient supply of blood to the brain to feed its last flicker of organic vitality.

A great lesson is here taught us. We are taught that Phosphorus may aid us in restoring the organic life of the eye. In impaired vision or even incipient amaurosis arising from deficient innervation, Phosphorus may be of use to us. The eyeball is threatened with marasmus. Deep-seated aching pains, lancinations through the eye, an abnormal bluish appearance of the cornea, a diffused redness as if the blood had lost its plasticity, are some of the signs of this organic decay, which may even extend to other special senses, the sense of hearing, or even to the teeth. Phosphorus impairs innervation, impoverishes the blood, destroys its plasticity, renders it unfit for purposes of reproduction. The question may be raised, and has been raised: Is the toxication of the blood transmitted from this fluid to the nervous system, or does this system receive the first shock of the poison? To me it seems reasonable to suppose that both the nerve-force and the blood-life are assailed. The nerve-force which maintains the vitality of the blood, is extinguished by the poison; hence the universal torpor and clogging in the venous system, and the tendency to hæmorrhagic effusions in the arterial capillaries; physiological facts which render Phosphorus invaluable to a homœopathic practitioner in the treatment of various dangerous diseases which will be pointed out in the subsequent pages.

CEPHALIC GROUP.

We should think that the partisans of the doctrine of dyscrasias must be delighted with the introduction of Phosphorus in the Materia Medica. Phosphorus emphatically corresponds with the arthritic dyscrasia, a disease-breeding element of force, which when excited into action by adequate circumstances, may develop disorganizing processes in various organs, causing inflammation, swelling and intense painfulness of the affected part. In Frank's Magazine, the following interesting case of

Arthritic Hemicrania illustrates the curative virtues of Phosphorus in this affection, whenever it is in homœopathic rapport with it. A physician had an attack of rheumatic arthritis of which he was cured after the lapse of six weeks. Since then he was troubled with attacks of headache which lasted sometimes a day or more, came on without any apparent cause, and invaded at one time the forehead, at another the occiput, etc. The part where the pain was most violent,

swelled, causing the most excrutiating pain when touched ever so lightly. The patient became utterly incapacitated from performing the least mental labor. The left eye had become so weak that he was no longer able to distinguish objects clearly. There was no visible change in the appearance of the eye. In spite of the most careful and abstemious mode of life, the patient had an attack every other day which lasted from two to three days without interruption. The attacks were accompanied with an anxious choking and retching, lassitude in the limbs, an empty and confused feeling in the head, peevishness, depression of spirits; falling out of the hair, and violent pains in the small of the back after the attacks; the pulse was extremely slow, about forty-five in the minute; urine pale, watery, having a sickening, sweetish taste; appetite undisturbed except during the paroxysms when he loathed all food, felt very thirsty, and was tormented by so much uneasiness and anxiety that he was unable to contain himself. After having tried a number of remedies without benefit, he now took Phosphorus, four grains dissolved in half an ounce of Sulphuric ether, from twenty to twenty-five drops every two hours. Already after the third dose, he felt a pleasant warmth over the whole body, with frequent urination, cheerfulness, even mirthfulness; the pulse was raised; the horrid aching pain had become transformed into a dull pain; the patient felt disposed to be quiet. He transpired over the whole body, perspired about the head, slept quietly all night and felt very much refreshed next morning; pain and weariness had disappeared, the appetite had returned. He now took twenty-five drops every three hours. Next day the improvement continued. He felt cheerful, and a pleasant warmth over his whole body. The headache had entirely left him.

Six weeks after, he took a violent cold, which commenced with a chill. The headache returned with great violence. He resumed the Phosphorus in thirty-drop doses. After the first dose he felt a sensation of pleasant warmth all over his body; after the second dose he had a quiet and refreshing sleep for five hours. On waking, a profuse perspiration had broken out; the headache had left, he felt well and had regained his appetite. The urine, which had a fiery-red color, deposited a thick, white, slimy sediment two hours after standing. The medicine was continued for one fortnight, twenty-five drops every two hours. "This was," in the patient's own language, "the last attack of this prostrating headache."

Would a smaller dose have been sufficient in this case? Perhaps so. Five drops of this solution every three or four hours might have effected all the good that a larger dose evidently did effect in this case. A case like this teaches us wisdom. There is no inherent wrong in a large dose. The wrong is in giving either too little or too much medicine. There is no wrong in curing a patient with what we might consider a large dose from our standing point, provided we do not inflict medicinal suffering upon him. Nor is there any wrong in curing a patient with a very small dose, provided we cure him as speedily and thoroughly as the nature of the case will admit. I take frequent opportunities of dwelling upon this point, because it is my desire to emancipate your minds from the thraldom

of a dogmatic posology. A dogmatic adherence to infinitesimal doses in one quarter, or to gross material doses in other quarters, is crushing out the spirit of free inquiry and the hope of progress in our school. Let us prove all things and hold fast that which is good.

Sorge's experiments upon animals, and a number of post-mortem examinations of the human subject seem to justify the use of Phosphorus in

Hyperæmia and consequent *Œdema* of the brain; the indications for Phosphorus in these affections are: a dull, sometimes semi-lateral headache, extending to the upper eyelids, also attended with a feeling of stoppage in the nose, and generally accompanied with dullness of the head, incapacity for mental occupations, vacuity of mind, hypochondriac or irritable mood, feeling of extreme lassitude; the headache is relieved by sleeping, eating or drinking a little wine, by exposure to the open air or washing the face in cold water, the temperature of the head and the color of the face are little or not at all heightened; the pulse, if altered, is small, the sleep restless, disturbed by dreams of an obscene character, or else the sleep inclines to sopor. (See Sorge's admirable treatise on Phosphorus, pages 192 and 193.)

The special senses are likewise disturbed, more especially the sense of vision, the patient being tormented by an excessive sensitiveness to light.

NERVOUS GROUP.

We have seen that Phosphorus is possessed of eminent curative powers in

Paralysis of the Spinal Cord, with the loss of sentient and motor power incident to such a fundamental functional derangement. In all

Paralytic Conditions depending upon organic or functional diseases of the cord, Phosphorus should be thought of as an agent that may be of use to us.

Phosphorus has been advantageously employed in

Hemiplegia, even when consequent upon apoplexy, particularly in old people, with a delicate, silken, shining skin, and of a scrofulous habit; formication in the paralyzed limb, and a thick turbid urine, are additional indications.

In *Epilepsy*, Phosphorus has been useful. A girl of sixteen years, who had exhausted her constitution by all sorts of irregular habits, was troubled with abnormal menstruation. From the slightest cause she was moreover attacked with frightful cramps in the stomach and bowels which generally ended in fainting. Afterwards these paroxysms gave place to epilepsy. The precursory symptoms of an attack were: yawning, excessive dryness of the mouth, and an aura proceeding from the feet upwards towards the brain. Two grains of Phosphorus were dissolved in olive oil in which some leaves of Hyoscyamus had been digested; the patient took a moderate dose of this preparation for two months in succession every few hours,

and was radically cured. A solution of Phosphorus in sulphuric ether would have produced the same result.

We should state that Handel, the attending physician, was induced to prescribe Phosphorus, in consequence of the following accidental discovery: The patient, impelled by a sort of instinctive anxiety, as soon as the well-known preliminary symptoms of an attack had shown themselves, swallowed a tumblerful of water in which two drachms of Phosphorus had been placed; she drank about an ounce of the liquid, having previously taken out the Phosphorus. The attack was entirely suppressed by this means.

In this connection it is important to remind you of the great use of Phosphorus in

Affections arising from Sexual Abuse of any kind, onanism, venereal excesses, etc. Among these affections we number

Dorsal Consumption, Marasmus, Trembling, Imbecility, Mania, epileptic fits and impaired digestion.

INFLAMMATORY GROUP.

There are certain specific forms of inflammation where Phosphorus may be of eminent service. These are

1. *Gastritis* and *Gastro-enteritis.* In all the experiments upon animals, where Phosphorus was introduced into the stomach, the mucous lining of the viscus has been found more or less inflamed. In some cases the coats of the stomach have been found perforated. In a case of poisoning reported in Frank's Magazine, where from six to nine grains of Phosphorus had been swallowed, two gangrenous ulcers were found near the pyloric orifice, and a perforating ulcer of the size of a dime at the cul-de-sac. The appearance of the stomach in many cases is that of

Gangrenous Inflammation, with the mucous membrane sometimes in a state of complete softening; the patients vomit up foul, dark, greenish and even bloody masses; feel weak, trembling, have a livid, cadaverous appearance; they complain of horrid burning pains in the stomach; the extremities feel cold, the pulse is hurried, small, the finger-nails may look bluish. Delirium may be present. The patients are exceedingly restless.

Professor Bréra gave to a paralytic patient one grain of Phosphorus in two doses. Towards evening of the same day she felt considerably better, with formication in the paralyzed limbs; but she likewise complained of a feeling of weight in the stomach. Next day, a repetition of the dose was followed by the faculty of using the limb; she walked about her room, but complained of oppression and burning in the stomach, formication in the paralyzed arm, and frequent pulse. After an interval of three days, she took a double dose in the shape of an injection. That day she had several attacks of vomiting, pains in the abdomen, violent burning in the stomach and bowels, considerable prostration, feeble pulse, paleness of the face, and she finally perished in spite of all antidotal treatment.

A post-mortem examination revealed the following symptoms:

The stomach and intestinal canal were very much distended, containing a good deal of combustible gas in the form of a white vapor, having an alliacious odor; there was no trace of inflammation in the stomach; a few red spots were discovered in the small intestines; in the larger bowels the phosphorus-injection was found unaltered.

This case shows that the burning pain in the stomach, in a case of poisoning by Phosphorus, may arise from the action of the vapors of Phosphorus upon the mucous lining, unaccompanied by any perceptible signs of inflammation. These signs exist in the majority of cases, as in the following:

A woman of fifty-two years, who was afflicted with paralytic weakness and pains in the extremities, took one-fourth of a grain of Phosphorus morning and evening, and on the fourth day, three times. Shortly after, she vomited tasteless water, and complained of very violent pains in the stomach. The pains gradually spread over the whole abdomen, but were most violent in the stomach. The patient expelled a greenish and finally a blackish substance; the alvine evacuations were of the same color. The abdomen became meteorized and exceedingly sensitive; the fever which had set in with the pains in the stomach, was accompanied with a small, hard and very frequent pulse. The patient died within three days.

Post-mortem examination: The external surface of the stomach did not seem altered, but the smaller intestines were livid on the outer surface, and even black; the mesentery was very much inflamed. The internal surface of the œsophagus inflamed; the internal surface of the stomach and lesser intestines, which were all—stomach and intestines—filled with a black fluid, were dark-red, the cardiac region was dotted with a large number of points (gangrened); the large intestines were not altered.

Mucous Enteritis may yield to Phosphorus. In cases of poisoning by Phosphorus, the ileum has been found filled with blood and mucus; in other cases the mucous lining looked dark-red as it does in inflammation, thickened though not ulcerated. In forms of enteritis, to which Phosphorus is homœopathic, the ganglionic system is threatened with prostration, and the cerebral action may be correspondingly impaired. A typhoid condition, dry heat of the skin, sallow, cadaverous countenance, coldness of the extremities, small, hurried pulse, excessive prostration, may develop themselves.

Phosphorus has been employed in some forms of

Phlebitis, especially in inflammations of the larger veins, the vena cava ascendens, for instance, the patient complaining of a burning pain along the track of this vein; with sallow, jaundiced appearance, coated tongue, prostration, constipation, dark urine.

Pneumonia has been very successfully treated with Phosphorus. Fleischmann of Vienna regards it as specific in this disease. It is homœopathic to the second stage of pneumonia, when the pulmonary parenchyma has become hepatized, the percussion-sound is very

dull, and the phenomenon of bronchophony or bronchial respiration is fully established. Phosphorus is indicated from the commencement of the parenchymatous solidification, even to the acme of this metamorphosis, when the crepitating murmur has entirely ceased.

Both the results of poisoning and of physiological experimentation show that Phosphorus has a specific action upon the lungs. In a case of poisoning reported in Frank's Magazine, the lower lobes of the lungs were found solidified, and turgid with venous blood. In experimenting upon animals, Magendie found the lungs exhibiting several blue spots, of a dense and slightly crepitating tissue, the remaining portion of the lungs rose-colored; he concludes from these phenomena that Phosphorus causes hepatization.

In *Typhoid Pneumonia*, Phosphorus may save human life. A married female of thirty-eight years, with weak chest, was attacked with pneumonia which soon assumed a typhoid form. On the second day after the attack, the patient became stupid, the pleuritic stitches became very violent, the tongue dry, the skin dry and burning; on the fourth day she seemed to be in a dying condition: dysphagia, singultus, cold sweats set in. Phosphorus dissolved in ether was now given, eight drops every half hour. In three hours, the consciousness had entirely returned, the tongue became moist, the extremities warmed up, a warm sweat broke out. Phosphorus was continued until the patient had entirely recovered.

A very interesting case of typhoid pneumonia is that of a man of forty-five years, several of whose brothers and sisters had died of consumption. He took cold, in consequence of which he had an attack of pneumonia. I saw him first late in the evening, and found him with a high fever, a severe stiching pain in the left lung, and a continual hacking cough, with a feeling of irritation pervading the whole lungs. Next morning the symptoms looked worse; the patient expectorated a heavy, greenish, sanguinolent pus which came from the spot where he had experienced the stitching pain the night before. The space occupied by the abscess which had evidently formed, was about the size of a dollar. The pain on pressure was exceedingly keen. Typhoid symptoms were rapidly developing themselves. The tongue looked dry, glazed, lined with a dark-brown coating. The complexion was of a deep sallow, even chestnut-brown; skin dry and brittle. The patient wanted to sleep all the time; delirium began to set in; he became visibly more and more emaciated, and his friends confidently expected his death. His brothers and sisters had died in a similar manner with what had been considered galloping consumption.

Phosphorus, third trituration, was given in grain doses every two hours, and in one fortnight from the beginning of the treatment, the patient was again able to attend to business. This agent may help

In *Chronic Pneumonia*, with tearing, irritating cough, causing soreness, with expectoration of mucus, pus and blood, especially when such a condition remains after mismanaged acute pneumonia.

A *rose-colored Gouty Inflammation* of the ankle-joint has yielded to Phosphorus.

In *Arthritis Nodosa*, and in arthritic pains generally, Phosphorus is said to have done much good.

In a case of arthritic pains reported in Frank's Magazine, Phosphorus is said to have shown curative effects. The patient was a girl of nineneen years, of good constitution and sanguine temperament. After bathing in the river, she was attacked by wandering arthritic pains, at times in one, and at other times in another limb or articulation, with rigidity and swelling of the affected parts. For six weeks she was treated without any perceptible benefit. The pains continued to shift from one part to another. Three grains of Phosphorus dissolved in half a drachm of Sulphuric ether were now administered in eight-drop doses three times a day. After the third dose, the patient experienced an agreeable warmth in the affected parts, perspired a good deal over night, and felt considerably relieved the next morning. The medicine was continued in smaller doses for a few days longer, after which period the patient had entirely recovered except some weakness, which speedily yielded to a strengthening diet.

ORBITAL GROUP.

Observation has revealed the irritating action of Phosphorus upon the conjunctiva. In

Chronic Conjunctivitis, with inflammatory irritation of the canthi and palpebral conjunctiva, secretion of gum, agglutination of the lids, slight vascularity of the conjunctiva, itching and smarting of the eye, we shall find Phosphorus of use.

In *Amaurosis*, this agent may prove useful, if the eyeball is threatened with marasmus; the patient complains of lancinating pains through the balls, a deep-seated distress at the bottom of the orbit; the blindness may come in paroxysms, it is worse when the patient sits up erect, than it is when he is lying down; muscæ volitantes, and a gray mist interfere with the vision; there is intense photophobia.

AURICULAR GROUP.

Phosphorus corresponds with the deafness to which strumous individuals are sometimes subject; there may be considerable humming and whizzing in the ear, with dryness, and occasional oozing of a greenish mucus.

NASAL GROUP.

In *Chronic Catarrh*, with discharge of green mucus, Phosphorus may prove useful, especially if the nose is more or less inflamed.

Polypus of the nose has been reduced in size, and even removed by touching it with a solution of Phosphorus.

FACIAL GROUP.

Phosphorus causes a pale and sickly appearance of the countenance; under the effects of Phosphorus the face looks sallow and

bloated, and finally assumes the hippocratic expression of the features. This group of symptoms is only of use to us as belonging to a more comprehensive group of phenomena, such as typhus or cholera.

DENTAL GROUP.

We have seen that Phosphorus causes necrosis or an osteo-sarcomatous degeneration of the maxillary bones. It is important for us to know whether this destruction is the result of a purely local or chemical action of Phosphorus, or whether it is consequent upon an absorption of Phosphorus into the general circulation, and may be looked upon to some extent as a constitutional disease. In the latter event, we may feel justified in recommending a trial of Phosphorus in

Osteosarcoma, a disorganization for which the knife seems to have been the only desperate, and very frequently unsuccessful, remedy heretofore.

CHYLO-POIËTIC GROUP.

Phosphorus affects the digestive apparatus in a very marked manner, which enables us to avail ourselves of this agent in the treatment of several more or less important disorders. It causes a white coating on the tongue, and a parched and cracked tongue, or a tongue covered with a blackish or dark-colored glazed coating. We may avail ourselves of this symptom in some forms of typhus, especially abdominal typhus.

Phosphorus also causes a slimy taste, and a loss of taste.

It also causes excessive hunger. Bouttaz dissolved four grains in half an ounce of sulphuric ether, of which he took, for purposes of experimentation, twenty drops every two hours. After the first dose, he experienced nausea, which passed off after drinking cold water. After the second dose: ravenous appetite, the pulse and warmth of the body being slightly raised; throughout his body he experienced a feeling of ease. This apparent exaltation of functional action was accompanied by an excessive desire for sexual intercourse.

Evidently this group of symptoms denotes an abnormal functional excitement, such as may initiate a state of prostration of the reproductive energies of the organism. Hence we may recommend Phosphorus in

Bulimia, when symptomatic of marasmus or nervous consumption.

Phosphorus causes risings of air, and paroxysms like the following: nausea and vomiting, also sour and bilious vomiting, preceded by vertigo and nausea; at the same time the hands and feet become numb and cold, a cold sweat breaks out on the forehead; after several attacks of vomiting, two natural evacuations from the bowels occur.

This group of symptoms may represent a case of

Gastrodynia: as may likewise be said of the following symptoms, developed by one-eighth of a grain of Phosphorus taken by an epileptic young man: Twenty-five minutes after swallowing the medicine, he was seized with a burning in the stomach, followed by violent thirst, anxiety, quivering of the facial muscles, violent chill with coldness of the extremities. His eyes became shining as if transfigured, his lips ash-colored, pulse small; his strength sank and he died.

In this case there may have been some inflammatory irritation of the mucous lining of the stomach, but the nervous character of this group of symptoms is so strikingly marked, that we may clearly interpret these symptoms as a group representing gastrodynia.

Phosphorus may likewise prove useful in

Scirrhous Indurations of the stomach. Hufeland informs us that he has known several persons who had taken Phosphorus from a quack, and who afterwards suffered with cardialgia, bad digestion, chronic vomiting, constipation, and other troubles; lastly marasmus and hectic fever set in; scirrhous indurations were found in their stomachs after death.

Our cases of poisoning have shown us that Phosphorus may prove serviceable in

Fatty Degeneration of the Liver, and likewise in

Cirrhosis or the so-called nutmeg-liver which sometimes is the result of hard and continued drinking.

Even in the lighter forms of gastric derangement, Phosphorus may prove serviceable. The nausea and sour vomiting which Phosphorus produces may render it valuable in

Dyspepsia, characterized by a sense of pressure in the stomach after eating, as from a load, accompanied with sour eructations and sour vomiting.

We may recommend Phosphorus in

Colicodynia, with sensations as if the bowels were cut with knives, followed by violent, copious evacuations and pressure at the stomach. These symptoms have been developed by medicinal doses of Phosphorus.

In cases of poisoning by Phosphorus, patients have vomited up a blackish substance resembling foul blood and bile, and the stomach has been found filled with a blackish fluid. We may therefore recommend Phosphorus in cases of

Melæna, or black vomit, when occurring as an idiopathic affection, especially when accompanied by an intense burning distress in the stomach. Phosphorus may likewise be remembered in

Black Vomit of yellow fever; we know that Phosphorus has a remarkable action upon the liver; hence we may expect some good from Phosphorus in that disease.

We have seen that Phosphorus will cause cramps in the extremi-

ties, coldness, sinking pulse, serous diarrhœa, vomiting, burning in the epigastrium, and other symptoms which may be regarded as a group representing

Cholera of a milder type, more particularly

Cholera morbus, to which the effects of Phosphorus developed by Professor Sundelin likewise point.

Sundelin informs us, in his Manual of Therapeutics, that he swallowed one quarter of a grain of Phosphorus dissolved in oil, for the purpose of ascertaining the effects of this agent upon the healthy organism. It excited a feeling of intense heat in the stomach, and afterwards in the whole abdomen. Half an hour after, violent vomiting and diarrhœa took place, accompanied by distinct febrile motions. After eating a thick farinaceous soup boiled with milk, the pains in the abdomen soon abated, but the stomach remained sensitive for several days, and was only able to digest light food.

In *Chronic Diarrhœa*, when the discharges are watery, purulent, colliquative, such as may occur during phthisis, among children as well as among full-grown persons, Phosphorus may prove very useful.

URINARY GROUP.

We have shown you that Phosphorus may be eminently useful in *Albuminuria*, even in that form of albuminuria which is designated as Bright's disease.

The urine, under the effects of Phosphorus, frequently assumes an opalescent appearance, from the fact that fatty pellicles or oily globules float on the liquid. This symptom may be of value to us as an indication for Phosphorus in the treatment of phthisis.

A thick, turbid and scanty urine or a copious watery urine, is characteristic of Phosphorus, the former especially in low typhoid diseases, the latter in nervous conditions with which Phosphorus is in homœopathic rapport.

SEXUAL GROUP.

Phosphorus causes an irresistible desire for sexual intercourse. This is one of the most marked effects of Phosphorus upon the sexual organs of the male. Alphonse le Roy, Bouttaz and other provers of Phosphorus have noticed this remarkable symptom. In cases of paralysis, where Phosphorus was given in medicinal doses, it has had this effect. In the experiments made upon animals, this effect has likewise been observed in a most remarkable degree. This effect may be associated with increased redness of the urine. We may perhaps avail ourselves of this experience in the treatment of

Satyriasis, especially when this derangement is accompanied with wild cerebral excitement, flushed face and glistening eyes. Phosphorus and Cantharides may prove two of the most efficient agents in controlling this dreadful affection.

This abnormal excitement of the sexual functions would in the end result in sexual weakness, an opposite condition to which Phosphorus is likewise homœopathic. In

Impotence or sexual weakness arising from previous abuse, we may find this drug a valuable agent.

Phosphorus has a tendency to bring on the menses and to promote conception. It has therefore been frequently used by Old-School physicians as a palliative means of restoring the menstrual discharge, if it happened to have been interrupted by a suddenly operating cause, a cold for instance. In females of a naturally sound and vigorous constitution this palliative treatment has sometimes been found sufficient.

Phosphorus, in the hands of a homœopathic physician, fulfils far higher and more rational therapeutic uses. He may avail himself of this agent in cases of

Profuse Menstruation, attended with sexual excitement, tendency of the blood to the head, abnormal, excessive sensitiveness of feeling and mental excitement.

On the other hand, Phosphorus may be useful in an opposite condition,

Menostasia, with absence of sexual desire, general weakness, pale and sallow complexion, dry and smooth, transparent, waxy skin, and a condition generally bordering upon

Chlorosis, especially in young women of a strumous habit, who have undergone hardship, exposure, want. In

Mastitis, Phosphorus has been found useful, especially after an abscess had commenced to form, or fistulous openings had been established in the gland by the ulcerative process.

CATARRHAL GROUP.

In various cases of poisoning by Phosphorus, the mucous membrane of the trachea and its ramifications has been found very red. In other cases the air-tubes have been found gorged with mucus and blood.

In a case of paraplegia, where the patient enjoyed otherwise good health and was perfectly free from all pulmonary symptoms, the gradual employment of one grain of Phosphorus, within the space of a few days, produced the following symptoms: feverish pulse, coated tongue, throbbing of the carotids, several attacks of bilious vomiting, disagreeable tension and dryness of the chest, cough and expectoration of mucus.

These symptoms all point to Phosphorus as an excellent remedy in

Bronchial Catarrh, with dry, titillating cough, burning and irritation in the air-passages, expectoration of frothy mucus.

Chronic Bronchitis, with expectoration of bloody mucus, soreness of the air-passages, expectoration of froth and blood, or even pus and blood, tearing and racking cough.

In a case of *dry, titillating Cough*, if the patient feels an irritation throughout the chest; he coughs all the time, a short, hacking, ex-

haustive cough as if emanating from every part of the lungs, Phosphorus will prove eminently useful even when administered in the middle potencies. In a cough of this kind, the lungs feel as if crowded full of blood, the patient complains of a feeling of tension across the chest; the expectoration consists of a little frothy mucus.

In some cases of poisoning, the larynx has been found red, and apparently inflamed. We may therefore recommend Phosphorus in *Laryngitis*, especially chronic, with heat and dryness of the larynx, laryngeal cough with expectoration of mucus, streaks of blood. In *Croup*, Phosphorus has likewise been tried, with apparently good effect in a few cases. In this affection it may be given in doses of one or two drops dissolved in ether, in the proportion of one grain to a drachm. If Aconite, Spongia, Iodine, should fail you, and the patient is affected with a well-marked strumous diathesis, Phosphorus may be resorted to as a last chance of saving the patient's life.

We should not be unmindful of the eminent services which Phosphorus may render us in the treatment of

Tubercular Phthisis, more particularly in the first stages of this disease.

Dr. Holcombe informs us in his short, but exceedingly interesting proving of Phosphorus instituted with large doses of the strong tincture, that the drug had a marked action upon the lungs, characterized by the following significant symptoms:

Sensation of heat in the lungs;

Disposition to take deep inspirations, with discomfort on doing so;

Shooting pains in the right side of the chest;

Occasional sneezing which aggravates the unpleasant and stuffed feeling of the breast;

Severe pain in the posterior part of the left lung, sometimes aggravated upon inspiration, sometimes not;

Some hacking, tickling cough;

Considerable mucous accumulation in the trachea, with hoarseness.

The doctor states that the fugitive thoracic pains which the Phosphorus excited, annoyed him with apprehensions of a *tubercular diathesis*. They disappeared entirely after the proving had been discontinued.

FEVER-GROUP.

Phosphorus has been advantageously employed in

Typhus, when symptoms of paralysis seemed impending, with loss of consciousness, muttering delirium, singultus, petechiæ, involuntary discharges from the bowels, hurried, small, even filiform pulse, coldness and parchment-like dryness of the skin, paralytic inability to pass urine.

Professor Mitchell informs us in his Manual of Therapeutics that as early as the year 1793, Dr. Wolff, an English Physician, employed Phosphorus dissolved in ether in cases of low typhoid fevers, with feeble pulse, petechiæ, etc. He gave five drops of a solution of two grains of Phosphorus in half an ounce of ether, every three hours.

The pulse improved after a few doses had been taken; a uniform heat pervaded the system, a pleasant moisture covered the skin, and the delirium subsided. Much testimony of a similar nature could be adduced. All well-informed allœopathic physicians admit that the exhibition of Phosphorus in typhoid fevers by judicious practitioners may be attended with salutary results.

In the class of low typhoid fevers which some pathologists have been in the habit of describing under the name of

Adynamic fevers, Phosphorus has been eminently useful. For the purpose of illustrating the good effects of Phosphorus in this class of fevers, we transfer the following case from Frank's Magazine to our pages:

A man of seventy-one years had sunk into the following condition in consequence of catarrh: Prostration, singultus, difficulty of swallowing, the liquids rolled down audibly; sopor, rattling breathing, without power to expectorate, debility and emaciation, quick and small pulse; cold extremities, cold and clammy sweat in the face; dull eyes, with blear-eyedness, red, smooth and dry tongue. He took Phosphorus, dissolved in sulphuric ether, ten drops every few hours. In six hours the singultus and the rumbling of the liquid subsided; the skin became moist, the patient was able to expectorate a tenacious mucus, and very soon recovered.

In *Purpura Hæmorrhagica*, also described as morbus maculosus Werlhofii, Phosphorus may be of service; the petechial exudations should have a reddish appearance.

Phosphorus may prove adapted to certain forms of

Jaundice, especially of the chronic kind, in cases where the liver may be suspected of being invaded by organic disease. In a case of paralysis where the patient seemed otherwise quite well, had a good appetite and slept well, and was finally completely cured by means of Rhus tox., Phosphorus given internally by Dr. Buehheim, produced in a few days complete jaundice, loss of appetite and fever. This would seem to show that even in acute jaundice Phosphorus may prove serviceable. Of course, a symptomatic similarity is not sufficient; the character of the natural disease must be in essential homœopathic rapport with the character of the drug-disease.

EXANTHEMATOUS GROUP.

Phosphorus is homœopathic to inflamed

Chilblains, if they break, and discharge a watery, fetid secretion.

It has been advantageously employed for the dispersion of

Old Glandular Swellings, especially in the case of old, cachectic individuals; in such cases it may likewise be employed externally, one grain in an ounce of olive-oil.

Some physicians have used this agent in the case of recent

Burns and *Panaritia*, applying a solution of Phosphorus in ether externally. It is useful in

Herpes consisting in round spots all over the body. In dry

Scaly Scaldhead, Phosphorus has proved useful. Likewise in *Fistulous Ulcers*, or ulcers with callous edges, or difficult to heal, secreting a thin and foul pus, with fever. In *Caries* of bones, whether mercurial or scrofulous, Phosphorus has proved useful.

MENTAL GROUP.

The primary action of Phosphorus upon the mind seems to be a stimulation of the vital spirits; the secondary action is characterized by depression of spirits. In morbid conditions, fevers and other derangements where Phosphorus seems indicated, a state of *mental exaltation*, intense excitement of the affectional and imaginative sphere as well as a state of *melancholy*, quiet lowness of spirits, is additionally characteristic of Phosphorus.

SLEEP.

Phosphorus causes restlessness at night, wakefulness, disturbing dreams. These symptoms, if present in a superior group, may confirm our selection of Phosphorus; otherwise they are without any therapeutic value.

ANTIDOTAL TREATMENT.

In a case of poisoning we first give an emetic of sulphate of zinc, from twenty to forty grains, after which Magnesia and milk are recommended as antidotes to the poison. Mild demulcent liquids should be resorted to for the purpose of enveloping the Phosphorus. In cases of burns, the parts may be washed with a weak alkaline solution. A lime liniment will prove a very excellent application under such circumstances. Limewater may be shaken with sweet or linseed oil until a soap is formed. The liniment may be preserved for a long time in a bottle provided with a glass-stopper. It may be applied to the burn or ulcer, if such should exist, by means of a camel's hair pencil, or it may be spread on a piece of soft linen.

Sorge recommends an emetic and the copious use of tepid water, for the purpose of keeping up the act of emesis. In chronic cases of poisoning, such medicines as are homœopathically indicated, will have to be resorted to.

LECTURE L.

ANEMONE PULSATILLA,

Pulsatilla nigricans, wind-flower. Nat. Order:—(RANUNCULACEÆ.)

THIS is a perennial flower which blossoms in May, and the second time in August and September. It has a short and thick root; the flower-stalk is smooth, beset with soft hairs, from six to eight inches

high, and terminating at the top in a lancinated involucrum. Leaves radical, bipinnate; no calix; six petals, oblong, hairy, of a blackish-purple color; with their apices turned backwards; numerous filaments. The flower is called nigricans on account of the dark color of its petals. We make a tincture from the whole plant without the root, of a greenish-brown color and having an acrid taste.

The plant, even when dry, has an extremely smarting action upon the tongue and fauces. The name "wind-flower," is given to it because it is generally found in exposed situations.

This plant was known to Dioscorides who describes three species of it. Pliny recommends it for headaches and inflammation of the eyes.

Cullen, writing of Pulsatilla nigricans, says: This is one of the remedies which we owe to the benevolent industry of Baron Stœrck: but he has ascribed to it so many wonderful effects that his credit is hurt with many persons, and has made many neglect to give this remedy a frequent and fair trial.

It was upon the authority of Baron Stœrck that this plant, with several others of great activity, has been received into medical use. He recommends it as an effectual remedy for most of the chronic diseases affecting the eyes, particularly for amaurosis, cataract, and opacity of the cornea from various causes. The baron himself who had for two years suffered much from a violent contusion of one eye, took this remedy, which he soon found occasioned a severe lancinating pain in the part affected; this he considered as a favorable omen in the specific action of the plant, an opinion which was afterwards confirmed in a great number of patients. Two cases of amaurosis, three of cataract, and seven cases of affection of the cornea were either entirely cured or generally benefited by the exhibition of this remedy. Other physicians have used it with success in the same affections; others again have not been successful, doubtless for no other reason than because the drug was used in affections to which it is not homœopathic.

A certain species of anemone sylvestris, if eaten by animals, causes inflammation of the bowels, dysentery and hæmaturia.

The active principle of Anemone is an alkaloid, "Anemonine," somewhat analogous to Camphor; it crystallizes in white flakes, is easily pulverizable, inodorous except when evaporated; it then emits a pungent and penetrating odor which excites tears; when dry, the alkaloid is tasteless; when in a state of fusion, it is biting and corrosive, causes insensibility of the tongue and white blisters: in a common temperature it is not volatile; when exposed to heat it melts, and burns with a bright flame. It is very little soluble in water, but dissolves readily in boiling alcohol or in ethereal oils. The boring and cutting pains which Pulsatilla causes in the nervous tissue of the eye, proceeds from the action of this alkaloid.

Pulsatilla seems to act principally upon the skin, the mucous membrane, and more particularly upon the mucous lining of the eyes, stomach and small intestines, urinary and sexual organs.

It seems to be principally adapted to sub-acute irritations of a

catarrhal, rheumatic and gastric character and having a remittent type. It is particularly suitable to persons of a quiet, gentle disposition, inclining to sadness and melancholy. Females seem to be more favorably acted upon by Pulsatilla than males.

Small doses of this drug are antidoted by Arsenic and China; large doses by vinegar.

CEPHALIC GROUP.

Pulsatilla causes vertigo as if intoxicated, with heat in the head and pale face, especially in the evening. Also vertigo when looking up; or heaviness and a gloomy feeling in the head, with a painful feeling in the eyes It is useful in the

False or spurious Vertigo of Herz, to which I have frequently alluded. The attack proceeds from one of the external canthi, a feeling of tension is experienced in the upper lid; the rays impinging upon this part, seem vibrating as if the objects were seen through agitated water; this sensation is accompanied by luminous vibrations, sometimes circular, or serpentine, or like flashes of lightning.

A cure of this very annoying disorder is reported in Hufeland's Journal, which I will briefly relate. A gentleman of thirty-four years, of feeble constitution and sanguine temperament, who had been addicted to sexual excesses from his boyhood, had ruined his nervous system by his irregularities and by spending his nights in studying. His eyes and digestive apparatus were very weak. At the age of seventeen, he was attacked with the so-called spurious vertigo, the attacks being generally accompanied with vomiting of a sour fluid, and a violent hemicrania which sometimes lasted twenty-four hours. In consequence of a change in his mode of living, the vertigo left him in about two years, without resorting to any special treatment; but returned again a few years after, after a night's carousal with his friends. The paroxysms recurred at irregular intervals, and with increasing violence. The eyes, head and digestive organs were principally affected. A number of celebrated physicians were consulted, who exhausted their skill and knowledge during six years without doing him any good. The most fashionable springs were likewise resorted to, and a distinguished magnetizer tried his powers upon him, all without the least favorable change in the condition of the patient. The disorder grew upon him, the paroxysms came on every other day, and even slight convulsions made their appearance during the attack. Dr. Lowenhardt who reports the case, finally prescribed the extract of Pulsatilla in doses of two-thirds of a grain, morning and evening, for four days in succession. From the very first day of the treatment, the attacks ceased as if by magic, and the patient now is satisfied with his health. He has never had another attack, and all he did afterwards was to take some bitters, in accordance with the general prevailing notion that bitters stimulate the digestive apparatus and nervous system.

The pains which Pulsatilla causes in the head, are jerking, tearing and stitching, worse in the evening. The Pulsatilla-pains are principally felt in the vertex and forehead.

In *Gastric Headaches*, Pulsatilla is very efficient, if over-eating is the cause, especially after eating pork, fat, iced fruit or other rich, heavy, indigestible food. The headache may be accompanied by nausea, vomiting, greasy taste in the mouth, acrid risings from the stomach.

In *Bilious Headache*, Pulsatilla will afford help, if the patient complains of a stupid feeling in the head, and a sensation in the forehead as if the brain had been bruised.

In the so-called *Sick* or *Nervous Headaches*, or *Hemicrania*, Pulsatilla is very efficient, especially in the case of hysteric females with disposition to sadness, delicate digestive organs. Symptomatically, Pulsatilla may be indicated in these headaches by a tight feeling in the brain and a boring pain in the vertex; or by a deep-seated pain in the orbits, as if the brain would fall out at the forehead; the skull feels as if too thin. These nervous headaches may be induced by nightly watching.

Menstrual Headaches may yield to Pulsatilla, if a suppression of the menstrual discharge or a too scanty discharge seems to cause the trouble. It is in delicate females, with a tender, silken skin, a transparent complexion and an habitually plethoric condition of the brain, that Pulsatilla seems to act most favorably. If such headaches arise from a sudden suppression occasioned by a cold, exposure to wet, or by a sudden fright, and the cerebral congestions are considerable, with excessive fullness and heaviness about the head, soreness of the scalp and brain, excessive sensitiveness of the brain, nervous restlessness, or a sense of stupor, and other signs of distressing and even dangerous plethora of the brain, Aconite should invariably be administered to the patient.

As regards the dose, most practitioners agree that in headache, Pulsatilla acts most favorably from the 6th to the 18th potency.

NERVOUS GROUP.

Baron Stœrck, the first prover of this drug, proposed it for

Epilepsy, and, by his request, experiments were made in the public hospitals of Vienna, upon a number of epileptic patients, but without the least benefit. Nevertheless, we may remember Pulsatilla in epilepsy arising from disturbances of the uterine system, or in those forms of epilepsy which Schœnlein describes as "*Uterine Epilepsy*."

Baron Stœrck has likewise employed Pulsatilla in

Atrophy of the upper extremities, arising from rheumatism. In the case of a woman of thirty-five years, the left arm had been immovable, rigid and emaciated for five years and a half. After using the drug for a few weeks, the patient began to experience wandering, lancinating pains in the limb, and at night an excessive itching. She was completely restored in three months. The medicine was used in much larger doses than we are in the habit of doing; it was moreover applied externally in the shape of a wash.

Regarding these large doses of drugs which are in specific homœopathic adaptation to a case, I am satisfied that our existing observa-

tions are not sufficient to meet all the demands of the sick chamber. It is a pity that homœopathic physicians will not divest themselves of dogmatism regarding doses; that the high-potency men will persist in ostracising their low-minded brethren, and that on the other hand the low-potency men still deride their high-spirited opponents as the partisans of a baseless faith and fancy. To my mind, Jacob's ladder represents most beautifully the scale of potencies which a physician may use, the angels wandering up and down from earth to heaven, even as the physician may wander up and down in the scale of potencies, measuring out relief, not in accordance with a creed or doctrine, but agreeably to the actual requirements of the case. One fact, however, seems well established, viz., that no medicinal symptoms need ever be occasioned except accidentally. Critical pains or evacuations must not be confounded with medicinal aggravations. The return of sensibility in a paralyzed limb may be accompanied by pain; cerebral congestions may terminate in evacuations from the bowels; pulmonary irritations in the appearance of a troublesome rash; a distressing pain in the back may be relieved by a hæmorrhoidal discharge. If a medicine is instrumental in bringing about such critical appearances, it acts as a true curative agent, not as a medicinal aggravator of the disease.

Stœrck likewise reports a case of

Paralysis of the Lower Extremities, attended with violent backache, which was cured by means of large doses of Pulsatilla. The medicine at first caused colic and diarrhœa; in three weeks: wandering, lancinating and burning pains from the toes to the hip-joints, and lastly a hæmorrhoidal discharge, after which the pain in the back ceased, and the paralysis likewise disappeared in a few weeks.

Cases of atrophy and paralysis, where Pulsatilla may prove of advantage, are very rare; in the generality of such cases, arthritic rheumatism, habitual exposure, care, may have been the exciting causes; and in the case of females, menstrual disorders, suppression or scanty and painful discharges may complicate the trouble.

The pains which very frequently indicate Pulsatilla, are of the following order:

Shifting pains, also with redness and swelling of the joints;

Pains as if bruised or as if the parts were ulcerated;

Pains and ailments on one side of the body;

Pains accompanied by chilliness, dyspnœa, paleness of the face, trembling of the limbs;

The pains are generally worse every other evening;

The pains in the muscles of the extremities are tearing, drawing or jerking pains, worse at night or in the evening when lying in bed.

Pulsatilla has cured

Ischias nervosa, with violent stitching and tearing pain down to the knee, the patient had to limp all the time.

In *Hysteria*, when complicated with menstrual suppression, Pulsatilla may prove very useful, especially in the case of quiet females, of a brooding mood, leuco-phlegmatic habit; they look pale and bloated, seem to be dreaming, like to sit alone, are averse to conversation, weep without any apparent cause.

INFLAMMATORY GROUP.

Pulsatilla is principally adapted to sub-acute irritations, but it may likewise prove useful in acute inflammations, especially in

Gonitis, inflammation of the knee-joint, more particularly in the case of scrofulous individuals; the inflammation develops itself suddenly, the knee-joint swells up, is exceedingly painful to the touch, and the patient complains of great soreness and lancinating pains in the joint; the joint has a pale rose-colored appearance, and fluctuation is very soon perceived in the parts round the patella. In all such cases of acute gonitis, fever is invariably present. It may be best to give Pulsatilla in alternation with Aconite. There are many cases reported in our journals where the tincture of Pulsatilla has been employed, with signal advantage, effecting a cure in a few days; in other cases the attenuations have been equally efficient.

In *Chronic Swelling* of the knee-joint, remaining after acute inflammation, in the case of scrofulous individuals, Pulsatilla may likewise be resorted to

Even in *White Swelling*, coming on gradually as the result of a scrofulous dyscrasia, Pulsatilla may be used as an intermediate remedy, to control pain, soreness, and to promote the action of the absorbent vessels.

Pulsatilla causes rheumatism of the foot; hence we use it with advantage in

Rheumatism of the Dorsun of the Foot, when the muscular covering is swollen, inflamed, and the pain keeps increasing until it becomes agonizing, especially at night. I have seen an inflammation of this kind yield to the twelfth potency of Pulsatilla in the space of thirty-six hours, without a trace of it remaining visible.

It is scrofulous and arthritic individuals, of a leuco-phlegmatic habit, who are especially benefitted by Pulsatilla in acute rheumatism, which is generally in the character of

Arthritic Rheumatism; the feet, for instance, are red, hot, swollen, with a tensive and burning pain which increases to a stiching pain by standing.

The rheumatic and arthritic pains which Pulsatilla generally causes, may be generalized as follows: Sticking pains in the shoulder-joint and nape of the neck, especially when moving the parts. The joints and long bones seem to be principally acted upon by this drug. The pains which Pulsatilla causes in the joints are sticking, tearing and tensive pains, and pains as if the joints had been bruised and sprained, they feel sore. The shoulder, elbow, knee, and tarsal-joints seem to be the chief localities, where the Pulsatilla-principle delights to manifest its disturbing agency.

Pulsatilla also causes drawing pains in the muscles of the thigh, obliging the patient to move the part constantly in order to find relief.

The tearing and drawing pains may likewise be felt along the

bones, showing that the fibrous covreing of the bones may become involved in the Pulsatilla-rheumatism. Hence we may recommend Pulsatilla in

Rheumatic Periostitis, and likewise in

Rheumatism or Gout of the heel, for this drug causes cutting and boring pains in the heel, and a pricking and sore pain in the soles of the feet.

Pulsatilla causes a burning-pricking pain in the ball of the little toe, accompanied by itching as in frozen limbs; the pain is much aggravated by the warmth of the bed. Hence we find Pulsatilla useful in

Chilblains, when these pains occur, as they frequently do.

ORBITAL GROUP.

The action of Pulsatilla upon the eyes deserves our attention. The provers of this drug have experienced a pressure in the eyes, as if they should be pressed out of the head, with discharge of tears. Also a pressure as if the eyes were full of sand. Baron Stœrck experienced cutting and boring pains in the eyes.

Bergius informs us that a child which happened to be exposed to the vapors of Pulsatilla, while the extract was being prepared, was attacked with inflammation and swelling of the eyelids, and obscuration of sight. Orfila states in his Toxicology, that an apothecary, while pounding the dry leaves of Pulsatilla, was attacked with colic, vomiting, and with itching of the eyelids.

In accordance with these indications we have used Pulsatilla in

Conjunctivitis, with profuse lachrymation, burning, stinging and itching pain, when caused by a cold.

Blepharophthitis, or inflammation and swelling of the lids, of a catarrhal character, especially in scrofulous individuals, with much itching and secretion of purulent gum, scurfy desiccation. Also in chronic cases, Pulsatilla may still be useful.

Styes, especially in the case of scrofulous children, with pale, rose-colored inflammation, furious itching, sensitiveness to light, may readily yield to Pulsatilla; if recurring frequently, as the result of a scrofulous diathesis, Sulphur, the iodide of Mercury and other drugs, will have to be used for the purpose of eradicating the causative principle.

In *Scrofulous Ophthalmia* of the milder type, especially when inclining to become chronic, with occasional paroxysms of inflammation, the conjunctiva having a rose-colored appearance, with much itching, burning and secretion of tears and purulent gum, Pulsatilla may prove very serviceable.

In *Arthritic Ophthalmia*, with cutting and boring pains in the eyeball, Pulsatilla is eminently useful; in this affection a pain may be experienced as if the eyeball were being scraped with a knife.

In *Ophthalmia remaining after Measles*, an occasional dose of Pulsatilla may be necessary.

Baron Stœrck relates a case of ophthalmia which came on after the cure of syphilitic ulcers of the velum and palate. The sight of the right eye was not entirely destroyed, but on the left eye the cornea had become leucomatous, and therefore entirely impermeable to the rays of light. The parotid gland was at the same time enlarged and of a scirrhous hardness. After using Pulsatilla for about three months and a half, in tolerably large doses, the young man's sight was entirely restored, and the scirrhous induration of the parotid gland had likewise completely disappeared.

Pulsatilla causes a dimness of sight, as if something were hanging over the cornea that can be wiped off. It also causes fiery circles and obscuration of sight. Hence we may find Pulsatilla useful in

Amaurosis of scrofulous individuals, when caused by excessive use of the eyes during nightly mental labor, or when coming on gradually in consequence of a progressive development of the scrofulous dyscrasia. If co-existing with menstrual suppression, in impoverished conditions of the system, Pulsatilla may prove so much the more useful. Baron Stœrck relates a case of this disorder which was so far cured as to enable the eye to see objects and to distinguish colors.

In *Weak Eyes*, with sensitiveness, pain in the eyeballs, and redness when using them, Pulsatilla internally, and externally in the form of a wash, has proved an efficient means of relief in the hands of Kopp.

AURICULAR GROUP.

Pulsatilla causes a group of symptoms in the organ of hearing which resembles very closely

Otitis or inflammation of the ear. It causes acute lancinating pains in the ear, excessive sensitiveness to noise, discharge of pus and blood from the ear, noises in the ear, swelling and inflammatory redness of the ear. The pain often causes delirium and agonizing distress in the head. If the fever is intense, alternate Pulsatilla with Aconite. The 1st to the 6th potency is probably the most serviceable in a case of otitis. If accompanied by, or arising from, menstrual suppression, Pulsatilla is so much more specifically indicated.

In *Otalgia*, Pulsatilla may effect much good, if the patient is scrofulous, of a delicate constitution, the pain comes on at every change of the weather, a hard aching pain as if the ear should be pulled out. The patient cannot bear noise.

In Chronic *Otorrhœa*, with discharge of a fetid, yellowish pus, especially when coming on after measles, or in delicate girls of a scrofulous habit, who have not yet menstruated, Pulsatilla is often indicated. So it is in

Deafness, if resulting from exposure to a keen wind, or from water getting into the ear, with various noises, blowing, chirping, etc.

NASAL GROUP.

Pulsatilla will be found useful in

Catarrhal Discharges from the nose, green and fetid, the more so, if the borders of the nostrils are ulcerated. Remember that the presence of the scrofulous element in such cases constitutes a characteristic indication.

DENTAL GROUP.

Pulsatilla causes stinging pains in the gums, and a

Toothache as if the nerve of the tooth were suddenly put upon the stretch, and then let loose again.

The Pulsatilla-toothache is excited by warmth, and relieved by cool air. It is also excited by eating. The toothache of pregnant females may likewise be relieved by this agent.

CHYLO-POIËTIC GROUP.

The action of Pulsatilla upon the chylo-poiëtic system constitutes this drug one of our most valuable agents in the treatment of gastric derangements. Among the effects of Pulsatilla in this direction we distinguish the following:

Bad smell from the mouth;
Tongue lined with tenacious mucus;
Bitter taste;
Pungent taste;
Taste as of foul flesh;
Loss of appetite (anorexia);
Loss of thirst (adipsia);
Waterbrash;
Vomiting of bile;
Vomiting of saltish or sour mucus, in the evening or at night;
Eructations tasting of the ingesta;
Bitter, bilious eructations;
Sour eructations;
Nausea while eating;
Eructations tasting of rancid tallow.

Many of these symptoms may occur in a case of bad digestion, a sort of

Indigestion or *Dyspepsia*, of which Hahnemann himself has left us the following interesting example. A weakly man, aged forty-two years, of pale complexion, gentle and quiet disposition and whose business was of a sedentary nature, had been very sick for five days. On the first evening, he began to feel sick at the stomach and dizzy without any apparent cause. In the following night he was attacked with sour vomiting. The next two nights he had violent eructations. This last night he had had eructations of a fetid and sourish taste. He felt as if the food were lying raw and undigested in his stomach. Sensation as if the head felt enlarged, hollow, gloomy, with sensitiveness of the brain to the least noise.

Pulsatilla being homœopathic to all these symptoms, the patient took a single drop of the 12th potency before bed-time and awoke in perfect health on the following morning. In regard to this case it should be remembered that many other drugs have isolated symptoms belonging to this group, but that Pulsatilla is the only medicine which develops all these symptoms in their totality and mutual relation.

The pains which Pulsatilla causes in the stomach, show that it may be eminently useful in

Cardialgia. It causes a drawing pain in the stomach, with a feeling of pressure, a throbbing in the region of the stomach, with a crampy and contractive sensation. Pulsatilla is especially indicated, if the cardialgia is excited by eating fat pork.

In *Colicodynia,* Pulsatilla may be of great use; it causes cutting and pinching pains in the bowels, and a painful sensitiveness of the abdominal walls. The bowels may be either bound or loose, with discharge of blood and mucus.

Small doses of Pulsatilla cause constipation, larger doses irritate the intestinal mucous lining, causing a condition resembling

Gastro-enteritis, with discharges of mucus which is sometimes mixed with blood, or watery discharges with cutting in the bowels. Properly speaking, Pulsatilla does not cause gastro-enteritis, but rather a catarrhal irritation of the lining membrane the principal symptom of which is

Diarrhœa, the discharges consisting of soft fæcal matter and mucus, or a yellowish-white mucus mixed with blood, or white mucus without any admixture of blood. A characteristic indication for Pulsatilla is

Nocturnal Diarrhœa, when the discharges consist of green mucus or are of a watery consistency.

The Pulsatilla-diarrhœa may be characterized by chilliness after the discharge, and by a cutting pain in the bowels preceding or succeeding the evacuation. Frequent urging to stool is likewise a frequent indication.

Pulsatilla causes soreness of the rectum and anus, with blind piles, hæmorrhoidal tumors. Hence in

Suppressed Piles, with stiffness of the back, and abdominal and cerebral congestions incident to such a condition, Pulsatilla may prove very efficient. A concomitant of this derangement may be

Constipation, or the constipation may exist as an element in some other group of symptoms, especially in a case of hysteria or in connection with menstrual suppression. The bowels may feel distended and the patient may be troubled with frequent urging and, at most, discharge a spoonful of white mucus. Pulsatilla may relieve this condition, if the lower potencies are given.

URINARY GROUP.

Pulsatilla causes frequent, but ineffectual urging to urinate. This difficulty may occur in the case of pregnant females, a species of

Dysuria, during pregnancy, which may require medical interference. The 3d to the 6th potency may be sufficient. Pulsatilla also causes the secretion of a watery urine, which may indicate its use in

Hysteric Affections, where copious and frequent discharges of a watery urine are of frequent occurrence. Pulsatilla also causes an inflamed-looking urine, depositing a jelly-like sediment. This symptom may indicate Pulsatilla in

Chronic Cystitis, where a dark-colored urine may be secreted, with deposition of a slimy or brick-dust sediment, and frequent but sometimes ineffectual desire to urinate. Or this group of symptoms may be designated as

Catarrh of the Bladder which may occur spontaneously in individuals afflicted with a scrofulous dyscrasia, or as the effect of chronic rheumatism of the bladder; it may also occur among individuals addicted to high living, abuse of stimulating beverages. Pulsatilla likewise causes a discharge of blood from the urethra; hence in

Hæmaturia, especially when of a chronic nature, it may prove useful. Pulsatilla causes a thin stream, as if the urethra were contracted. We may therefore recommend it in

Chronic Stricture or swelling of the mucous lining of the urethra, whether arising from scrofulous irritation, or in consequence of neglected or mismanaged gonorrhœa. Pulsatilla causes a whitish and slimy discharge from the urethra, with burning after urinating. Hence in chronic

Gonorrhœa, Pulsatilla may serve us a good turn, especially if the discharge is complicated with symptoms of scrofula.

SEXUAL GROUP.

Pulsatilla affects both the male and female sexual organs. It causes tearing pains in the testicles. It also causes drawing, and drawing-tensive pains from the abdomen through the spermatic cord into the testicles which are very much relaxed. These symptoms may lead us to prescribe Pulsatilla in

Atrophy of the Testicles, a condition which may occur in consequence of onanism. Pulsatilla also causes frequent erections with increased sexual desire and emissions; hence it may prove useful in

Nocturnal Emissions, with excited sexual appetite, erections, amorous fancies. In

Orchitis, especially when arising from suppression of gonorrhœa, Pulsatilla may afford relief.

Pulsatilla causes this symptom: "the right testicle is drawn up and swollen, the spermatic cord is swollen, with tensive pain, whereas the left testicle is hanging down."

This *retraction* and *swelling* of one testicle is not an uncommon symptom. The patient experiences a pain in the testicle; this condition may have been caused by self-abuse, or by a strain.

Pulsatilla causes and may therefore relieve

Amenorrhœa, with nausea, coldness, trembling, chilliness of the feet, more especially in the case of delicate, sensitive, leucophlegmatic females.

Ailments arising from sudden suppression, headache, palpitation of the heart, swelling of the bowels, spitting of blood, etc., may yield to Pulsatilla, especially in conjunction with Aconite.

The presence of burning and stinging pains in the vagina and labia may be looked upon as an additional indication for Pulsatilla in amenorrhœa.

Pulsatilla causes and therefore relieves

Uterine Colic, with cutting and bearing-down pains in the lower bowels. This pain may precede or accompany the discharge of a thick and black blood from the womb, constituting a case of

Dysmenorrhœa or painful menstruation, also with waterbrash, obscuration of sight, stitches in the chest, before and during menstruation. A

Milky Leucorrhœal Discharge will yield to the drug, especially when scrofulous females are afflicted with it, and the patient complains of burning stinging pains in the vagina and labia.

Pulsatilla causes pressing, cutting and contracting pains in the uterine region; in accordance with these indications, we have used this agent for the purpose of relieving

Spasmodic Labor-pains during parturition. We also use it in

Deficient Contractions during labor, for the purpose of stimulating them; this may be necessary in the case of delicate, scrofulous females who have become exhausted by a succession of violent pains or whose constitutional feebleness prevents the access of expulsive pains.

Pulsatilla causes a swelling and painful tension of the breasts, as if they were gorged with milk. This symptom was experienced by one of the female provers of Pulsatilla while she was nursing her infant. We may avail ourselves of this symptom for the purpose of regulating an *excessive secretion of milk* in the case of nursing females.

On the other hand, Pulsatilla may be usefully employed in cases of

Agalactia or suppression of milk, in the case of nursing females, when the breasts become hard, but the infant seems unable to obtain a sufficient supply.

CATARRHAL GROUP.

Pulsatilla causes a catarrhal irritation of the Schneiderian membrane, sometimes with ulceration of the nostrils and loss of smell and taste; hence in

Catarrh, with stoppage of the nose, loss of smell and taste, Pulsatilla may be of some service, especially if the gastric symptoms which accompany the catarrhal irritation, likewise indicate Pulsatilla.

Pulsatilla causes a scraping and dryness in the throat, and various kinds of cough, such as

Dry nightly cough which is relieved by sitting up;

Cough with expectoration of yellow mucus, and also of lumps of dark, coagulated blood;

Cough, with stitches in the back while coughing.

It may seem therefore as though Pulsatilla might be of use to us in the treatment of catarrhal affections of the air-passages. As a general rule, however, these indications are secondary, and are of value only when constituting elementary parts of a higher, more comprehensive pathological process. In measles, chicken-pox, hysteria, and other eruptive or nervous disorders to which Pulsatilla is homœopathic, these catarrhal symptoms may prove valuable accessory indications.

THORACIC GROUP.

Pulsatilla affects the respiratory process in a variety of ways. It causes an asthmatic constriction of the chest, especially in the evening, with cough, suffocation, retching, cold feet, cold sweat in the face. This group of symptoms justifies the use of Pulsatilla in

Asthma, coming on in nightly paroxysms, with a feeling of constriction across the chest, as if the lungs could not be inflated, dreadful feeling of suffocation, wheezing, coldness of the extremities, cold sweat on the forehead; the attack terminates in cough, expectoration of mucus. If it arises from menstrual suppression, the indication for Pulsatilla is so much more marked.

Pulsatilla causes ulcerative pains in the region of the sternum, it feels sore to the touch. These ulcerative pains are peculiar to Pulsatilla.

In catarrhal affections of the lungs, with great soreness of the sternum, Pulsatilla may afford much relief. In

Ulceration of the sternum, Pulsatilla may prove of great value to us.

Pulsatilla affects the heart more or less. It causes rush of blood to the chest, with oppression and bad dreams, such as about being immured alive.

It causes palpitation of the heart, with obscuration of sight.

It causes stitches in the region of the heart.

These symptoms show that Pulsatilla may prove serviceable in

Venous Congestion of the heart, even when amounting to hypertrophy of the right ventricle, whether this affection is traceable to rheumatism or to suppression of the menses.

EXANTHEMATOUS GROUP.

Pulsatilla causes an itching and burning of the skin, which may constitute a valuable indication in various nervous or menstrual disorders.

It produces a measle-shaped eruption, in consequence of which we may use Pulsatilla in a case of

Measles, if the eruption is too slow in making its appearance, and the catarrhal and gastric symptoms are very troublesome.

Pulsatilla produces an eruption like *Chicken-pox:* hence we may use it in this disease in order to relieve the itching, and to favor the development of the eruption.

The burning-stinging pains which patients sometimes experience in *Varicose Ulcers*, are often relieved by Pulsatilla. Varicose, readily-bleeding ulcers, have been healed by Pulsatilla. Its power to produce venous congestion, renders it valuable in the treatment of such sores. Hence in

Varicose Veins, with which females are so often troubled in consequence of frequent pregnancies, Pulsatilla proves useful; it may be used both internally and externally.

By applying the bruised root to a rheumatic limb, Pulsatilla has caused inflammation and gangrene of the parts. It seems to possess a peculiar power of disorganizing veins and embarrassing the venous circulation. In

Gangrena senilis, with coldness of the limbs, and partial suspension of the venous circulation, we therefore give Pulsatilla with occasional advantage.

FEVER-GROUP.

Pulsatilla induces a derangement of the circulation characterized by venous congestion. The venous circulation is embarrassed by this drug; hence chilliness must be a predominant symptom in derangements of the circulation occasioned by Pulsatilla. In accordance with these indications we give Pulsatilla in

Intermittent fevers, where the chill predominates; there is little or no thirst, but vertigo, stupefaction and headache during the chill; symptoms of mucous derangement, such as furred tongue and vomiting of mucus are present.

Pulsatilla is said to be eminently suitable for

Acute Swelling of joints caused by the suppression of intermittents.

In *Puerperal fever* and *Typhus abdominalis*, Pulsatilla is used by some homœopathic physicians as a palliative for the purpose of modifying the gastric symptoms. It does not seem in reality to be in specific homœopathic rapport with either of these morbid conditions.

Pulsatilla is not homœopathic to gastric and bilious fevers, properly speaking; but it may be of great use in certain bilious and gastric derangements, designated by pathologists as

Status gastricus et biliosus, and characterized by foul tongue, fetid or sour and bitter eructations, fetid flatulence, discharges of foul-smelling mucus, headache, slight feverishness.

MENTAL GROUP.

Pulsatilla causes depression of spirits, hypochondriac anxiety, sadness, disposition to weep. Hence we may use Pulsatilla in

Hysteria, especially when caused by suppression of the menses or milk; or in

Melancholia or mania when arising from similar causes, with taciturn, brooding mood. In

Hypochondria of delicate, nervous females, when arising from, or complicated with such gastric derangements as Pulsatilla is homœopathic to, this agent may be of use.

SLEEP.

Pulsatilla causes wakefulness, restlessness during sleep, disturbing dreams, nightly heat and dryness of the skin. These symptoms considered isolatedly, do not furnish any special therapeutic indications; but as characteristic of hysteria, of hypochondria, of a gastric derangement or any other affections for which Pulsatilla should be prescribed, this group of symptoms would constitute additional indications for the use of our drug.

DOSE:

In addition to the numerous suggestions which we have offered in the course of this lecture, we may sum up what may relate to this subject in the following general statement: In acute affections, Pulsatilla has been administered from the tincture up to the 30th potency. I commend to your attention the first six potencies, although the tincture is said to have proved very efficient in gonitis. The middle potencies are more adapted to chronic affections.

LECTURE LI.

RHUS TOXICODENDRON,

(*Sumach, poison-oak.* Natural Order:—TEREBINTACEÆ.)

THIS is a self-supporting shrub, from two to three feet in height, leaflets toothed or lobed at the margin, pubescent; each leaf composed of three dark-green, shining leaflets; leaflets of an ovate shape, flowers simple, axillary, racemes. Rhus radicans is a trailing vine, with an immense number of dark reddish-brown radicles or root-like fibres, which enable it to adhere to trees and other objects, and be thus supported like a kind of vine. If not supported, the radicans is about six feet high, and the branches recumbent; the stunted radicans might be mistaken for a toxicodendron, if it were not for the stem which is crooked. Sometimes both varieties may grow up from the same stock. Professor Bigelow states: "Among the plants which grow abundantly around Boston, I have frequently observed individual shoots from the same stalk having the character of both varieties."

This plant was first described by Cornatus in his history of Canadian plants, and was first introduced to the notice of the profession

in 1798 by Dr. Dufresnoy, a physician at Valenciennes in the north of France. His attention was directed to it by the case of a young man who had been cured of an herpetic eruption on his wrist, of six years' standing, by being accidentally poisoned by this plant. The doctor reports seven cases of obstinate herpes as having been cured with Rhus. He also gave it in palsy, and cured some cases of this disease. Dr. Alderson, of Hull, in his essay on Rhus toxicodendron, gives several cases of recovery from paralysis effected by means of the dried leaves, in doses of from half a grain to a grain three times a day, and he says that the first feeling of amendment was a sensation of tingling and twitching in the affected limb. Noack and Trinks report several cases of paralysis of the feet which were cured by Rhus toxicodendron. One is a case of painless paralysis of the feet; the patient was a man whom Hahnemann had treated unsuccessfully for three years; he took the tincture of Rhus in increasing doses, in all, four ounces of the drug, until his cure was completed, without experiencing any bad effects whatsoever from the medicine. In another case both feet were paralyzed, with complete inability to move them, to walk or stand; the patient was a girl of fourteen years, and was entirely cured by consuming two ounces of the tincture in increasing doses; she had remained perfectly well for the last two years when the case was reported. Paralysis of the feet has likewise yielded to Rhus, when the infirmity was occasioned by a fall on the back.

In the 28th volume of the "All. Med. Annalen," Buchheim reports the following case of paralysis which yielded to Rhus tox.: A man, twenty years old, of robust body, was admitted to the Hospital. His appetite and sleep were good, but the muscular power of the hands and feet was very feeble, and the alvine evacuations sometimes were involuntary. He finally became perfectly helpless; his feet, hands, and even his fingers, become motionless, and he lay in his bed like a log. After many drugs had been used in vain, he was left without any medicine for some time, and grew quite stout, but the paralysis remained the same. He was now put on the use of the tincture of Rhus tox., ten drops morning and night; in eight days he began to move his fingers, in four weeks he was able to move his arms and feet, and in two months he was completely restored.

Another variety of Rhus is the Rhus vernix or poison-ash. The effects of this variety seem to be extremely virulent. They are thus described by Jacob Bigelow: "The most formidable cases in persons subject to this poison usually commence within twenty-four hours after exposure, sometimes longer, more frequently shorter. The symptoms generally begin by itching and tumefaction in the hands and face, the swelling gradually spreading over different parts of the body like erysipelas. The inflamed parts become elevated, of a livid redness, with a burning sensation; they contain a transparent fluid, which by degrees becomes yellow, and then assumes a purulent appearance. A discharge takes place from the vesicles, giving rise to a yellowish incrustation, which afterwards becomes brown. An insupportable itching and burning is felt; the parts become excessively

swollen; not unfrequently the eyes are closed, and the face has a cadaverous appearance like that in malignant small-pox. It usually reaches its height the fourth or sixth day, after which the skin and incrustations begin to separate from the diseased parts, and the symptoms gradually subside; no scars or permanent traces usually remain. I never knew of an authentic case of its terminating fatally.

"In October, 1814, Dr. A. L. Pierson accompanied me to collect the juice of the Rhus vernix. He had always supposed himself exempt from liability to the poison. The day was warm; the effluvium from the incisions we made in the trees was very powerful; we were exposed an hour, he less than myself. His own account of the symptoms is as follows: 'I felt no unpleasant effects for six or seven hours, when I perceived the backs of my hands were swollen and puffy, without pain or itching; my forehead and upper lip were soon in the same state. The following morning the tumefaction had increased, and other parts were infected; the backs of my hands and wrists began to show small, watery vesicles. No applications were made till about noon; I then applied clothes dipped in lead-water to one hand and wrist, and a spirituous solution of corrosive muriate of mercury to the other. From this and subsequent trials I prefer lead. The parts began to itch; the tumefaction increased; vesication began to take place on the swollen surface; small pustules formed and ran into each other, and at last some were as large as nutmegs. Next day my eyes were nearly closed, from the swelling of my forehead, eyebrows and cheeks. The contents of the vesicles were perfectly limpid; inoculation from them to other parts had no effect, nor at any other stage. The next evening the inflammation was at its height; the burning and itching intolerable. The following day the pustules began to appear a little milky, and by night the inflammation was evidently on the decline. This day I applied stramonium ointment. In a fortnight I was able to leave my chamber, and had a new cuticle from the roots of my hair on the forehead to my breast, and on the arms and inside the thighs. During the first five days, the pulse was increased from ten to twenty strokes. The poison seemed to have a considerable effect in relieving me from dyspeptic symptoms, and also benefited a chronic inflammation of my eyes.'"

In regard to the poisonous action of Rhus vernix, Dr. Bigelow offers the following remarks:

"The following circumstances have considerable influence in varying in the same person the aptitude to the reception of the poison:

"*First:* A warm or cold climate; in Southern more active than in Northern. *Second:* Different seasons of the year. The Rhus vernix never affects me in the smallest degree, except on very hot days in summer. *Third:* Infancy or manhood; children are more readily poisoned than adults. *Fourth:* Exposure before or after a meal. Dr. Barton, in his edition of Cullen's Materia Medica, states that the plants more readily poison immediately after than before a full meal. *Fifth:* The presence of moisture. Country people generally believe

that the effluvia of plants when combined with moisture, are most apt to produce the eruption. Fontana, in his work on Poisons, states that, in order to investigate the use of the leaves of Rhus toxicodendron, as he knew that he was easily poisoned, he caused them to be got ready by another person, but he touched a few of the leaves when under water. In four days his face and eyes swelled and other poisonous effects showed themselves. *Sixth:* A state of increased perspiration, at the time of exposure, has a most powerful influence in favoring the eruption; if my skin was perfectly dry, while collecting the juice of the Rhus vernix, it had not the least effect upon me."

The poison of Rhus radicans seems to produce effects analogous to those of Rhus toxicodendron.

Horsfield, in his Dissertation on the Effects of Rhus radicans, which was published in Philadelphia in the year 1798, gives the following as the effects of the leaves of this plant:

"A slight degree of itching or sensation of heat, which gradually increases, followed by redness or inflammation of the skin; in some very extensive; in others, confined to round circumscribed spots, or to longitudinal streaks. The inflamed parts become elevated and tumefied; small vesicles appear on the surface, containing a pellucid fluid, which gradually increase in size; the fluid soon becomes yellow, and, after some time, takes on the color and consistence of pus. After the vesications are completely distended, they break, and some of the pus being discharged, by drying on the surface, forms a yellow incrustation, which gradually becomes brown. The itching and vesications which take place in the incipient state, frequently disappear and return several times successively.

"The poison appears to have a peculiar capricious disposition to attack particular parts. In most cases the eyes are specifically affected; in some the legs and thighs. A peculiar and distressing itching of the scrotum and prepuce is one of the most general and characteristic symptoms of the disease. In some it causes erections, and the labia pudendi are affected. Its peculiar tendency to affect the eyes, is most strikingly observed in persons who by reading much, become susceptible of the eruption; in most of these, if its progress is not stopped, blindness of a shorter or longer continuance is the certain consequeuce.

"It has been observed that the eruption, when it is re-excited, has a peculiar tendency to affect the parts which were previously affected."

In the above-mentioned Dissertation by Horsfield, the following interesting case of poisoning by Rhus radicans is described:—"In the summer of 1797, a boy of about twelve years of age, and possessing a very high degree of what is termed the melancholic temperament, was exposed to the action of Rhus radicans. He was attacked with the following symptoms: redness and swelling of the hands and face, followed by fever, unusual drowsiness, thirst, and great constipation; the eruption gradually extended over the whole body, much resembling the progress of inoculated smallpox; a

swelling and very troublesome itchiness accompanied the eruption through the whole of its course.

"One of the most singular, and at the same time one of the most universal concomitants of the eruption, when it exists in a violent degree, is a sympathetic erethism of the arterial system, and this occurs in a more or less degree in every case. The general symptoms, when this fever comes on, are a quick, frequent, full and tense pulse; loss of appetite, and sickness at the stomach; white-coated tongue; burning of the palms of the hands and soles of the feet; headache, throbbing of the temporal arteries, and delirium. The eruption is not unfrequently succeeded by a great number of small boils, swelling of the tongue, ulceration of the mouth, and swelling of the lymphatic glands."

These few cases of poisoning show what an important office Rhus radicans and vernix must be capable of performing in the treatment of vesicular erysipelas.

Concerning the Rhus toxicodendron, Christison has this remark, which seems to be based upon a speculative notion rather than upon actual experience: "The active part of this plant is extremely volatile, and the tincture of the fresh leaves or an extract of the same ought to be prepared in vacuo." It is also most important to be remembered that the leaves of this plant should always be gathered at night, and never exposed to the rays of the sun. Exposure to light and sun causes them to become almost entirely innocuous.

Orfila made six experiments on dogs with the extract of this plant. In the first two no effect was produced; in the others it exerted a stupefying action on the nervous system, with local irritation and more or less intense inflammation, with vertigo, and dilated pupils. After death, the blood was found fluid, of a very dark purple color, in the cavities of the heart; the lungs were red and very crepitant. Lavini made the same experiments on guinea pigs and birds, with the same effects. His experiments are described in the Journal de Chimie Médicale, a French publication, June number, 1825.

Fontana states in his celebrated treatise on Poisons that, having touched the leaves of the Rhus tox. at different times and at intervals of several days, in four to six days after, the eyelids and the extremities of the ears and many other parts of his face became tumefied, and appeared filled with an aqueous fluid. The intervals between the fingers became red and covered with little vesicles full of pellucid humor, and the epidermis fell off in small scales. Violent smarting of the skin continued for fifteen days, and the pulse was inordinately agitated.

Lavini applied the juice of Rhus tox. to the index-finger, and left it there for two minutes: in about an hour it produced two small dark-colored spots. Twenty-five days afterwards, he was suddenly seized with the following symptoms: great heat in the mouth and throat; rapid swelling of the left cheek, of the upper lip and eye-

lids; the following night swelling of both forearms to double their natural size, with coriaceous skin, insupportable itching and violent heat. Four days after, there appeared on the hands and forearms pustules like those of the itch; some of them, on bursting, discharged a limpid humor. Upon inoculating the forearm with this liquid, fresh pustules were produced. The places on the finger, to which the juice had been applied, presented two small tumors, about the size of peas, which afterwards diappeared without opening them. After eight days, the forearms were covered with squamous scales; the itching lasted several days. These symptoms at last disappeared after the application of ice.

It is asserted by von Mons and others, that the active principle of this plant is a hydrocarburetted gas, mixed with an acrid vapor, which acts most powerfully upon certain organs. Some individuals are exceedingly sensitive to the action of this principle. In the January number of the Vienna Zeitschrift of the year 1841, we read of a Creole with an excessively delicate skin and irritable nerves, who was made sick and attacked with erysipelas, whenever he came in the remotest degree in contact with the exhalations of the poisonous sumach. At the distance of even a mile he began to be affected with the emanations proceeding from this plant, and at the distance of two hundred paces he became stupefied and fainted away. If a person carried a twig of the sumach tree past him, even without his knowing any thing about it, he was attacked with convulsions, and the skin of the whole body became inflamed, with itching and tumefaction.

If small doses of Rhus tox. are taken internally, the cutaneous and urinary secretions become more abundant, the action of the intestinal canal is stimulated, and in paralyzed parts a return of sensitiveness and motor power is perceived, accompanied by a sensation of burning and stinging. Large doses cause pain in the stomach, nausea, vomiting, vertigo, dullness and stupefaction of the head, general loss of strength in the extremities, spasmodic twitchings, feverish symptoms, numbness and inflammatory swelling of paralyzed parts.

From the provings which Hahnemann has instituted with this drug, we infer that it affects the cerebro-spinal system of nerves, including the cerebral, sentient and motor nerves; it affects the ganglionic nerves, the serous and mucous membranes, the skin, the arterial and venous apparatus. The organism is affected by this plant both materially and dynamically. Dynamically the rhus-poison tends to produce depression and even paralysis; materially its action results in the decomposition and dissolution of tissues. According to Hahnemann, Rhus acts most powerfully while the body is in a state of rest, whereas the effects of Bryonia become aggravated by motion. This is quite natural. The affections to which Bryonia is generally homœopathic are principally characterized by inflammatory irritation: hence the pains which Bryonia excites in a part

must necessarily be *aggravated* by motion. Rhus, on the contrary, has a laming, stupefying action upon the tissues; hence these effects of Rhus are necessarily *diminished* by motion.

The provings which Hahnemann has instituted with Rhus, and toxicological experience show that Rhus is homœopathic to a variety of affections, which are best studied under the following categories:

CEPHALIC GROUP.

Nervous *Vertigo* and arthritic *Hemicrania*, when the brain feels as if it were shaking in the skull, with burning pains either in the forehead or occiput, also with swelling of the head and even face, may yield to Rhus.

NERVOUS GROUP.

We need hardly repeat that Rhus has been successfully used in the treatment of

Painless and *cold Paralysis* of the extremities, or in

Paralysis depending upon concussion or organic disease of the spinal marrow; or in

Rheumatic Paralysis, with heaviness, tearing, drawing and benumbing pains in the paralyzed limb.

Rhus causes coxalgia with tearing and stitching in the hip-joint down to the bend of the knee, with heaviness of the legs, paralysis of the legs and feet, feeling of numbness in the feet. The symptoms recommend Rhus as an excellent remedy in

Violent Rheumatic and Arthritic Affections. It has likewise been employed in

Ischias Nervosa. Rhus is most useful in rheumatism characterized by stiffness and lameness of the joints, and stinging pains in the tendons and muscles, also tingling and feeling of soreness, or as if bruised. The pains are generally worse on first moving the part; they abate after moving about a little.

ORBITAL GROUP.

Rhus has undoubtedly a marked effect upon the eyes.

Scrofulous *Ophthalmia* has frequently been cured by means of Rhus; the symptoms are: burning in the eyes, lachrymation, photophobia, swelling and inflammation of the lids, inflammation of the canthi, smarting sensation and pressure in the eyes. The first who recommended Rhus for scrofulous ophthalmia, was a homœopathic physician in Vienna, Dr. Ritter von Lichtenfels; since then, it has been extensively used by allœopathic physicians, even by von Ammon.

In *Scrofulous Blepharophthalmia*, inflammation of the lids, even when chronic, with redness, swelling and scurfy formations of the lids, dryness of the eyes, itching and burning of the lids, Rhus may be of great service.

AURICULAR GROUP.

Rhus may prove useful in

Otalgia, with throbbing pains in the ear, and swelling, inflammation and desquamation of the external ear. Also, in

Parotitis after scarlet fever, if the gland is hard as stone; or in chronic induration of the parotid gland; or in epidemic parotitis (mumps).

FACIAL GROUP.

We have seen that swelling and inflammation of the face, with effusion of serum under the epidermis, are a common effect of Rhus. All the signs of

Vesicular Erysipelas are distinctly developed by Rhus. We have likewise used this agent in

Crusta Lactea and in

Acne Rosacea, with more or less success, but more particularly in the chronic variety of these eruptions.

DENTAL AND PHARYNGEAL GROUP.

Rhus has been recommended in some forms of

Arthritic and *Rheumatic Toothache*, with fine prickling pains in the tooth as if a pin were stuck in; also for a tingling pain in the teeth, which is felt from time to time, as if they would go to sleep.

This agent has been successfully used by Dr. Paine of Albany, in the inflammatory stage of Diphtheria, "if the inflammation was of a dark-red, or if there were dark crimson patches scattered over the inflamed surface."

CHYLO-POIËTIC GROUP.

The gastric symptoms of Rhus are not of a common order. It causes a flow of water from the mouth, and dryness of the tongue; it causes a bitter taste in the mouth; food likewise tastes bitter. The appetite is either gone, or disappears after partaking of the smallest quantity of food; it causes a pressure in the pit of the stomach as if swollen.

These symptoms may indicate the use of Rhus in some forms of

Dyspepsia, characterized by flow of water, dryness in the mouth, little or no appetite, or a capricious appetite which is satisfied after partaking of the smallest quantity of food, with pressure in the epigastric region as if the parts were swollen.

Rhus causes a continual urging to stool, with nausea, also with tearing in the intestines; the urging sometimes results in a watery discharge. Rhus also causes bloody stools, or red and yellow stools, mixed with mucus, of a jelly like and fluid consistence. The stools sometimes are involuntary. It may therefore be used with advantage in

Diarrhœa of a dysenteric character, accompanied by discharge of blood and cutting pain. In

Typhoid Inflammation of the Bowels and *Peritoneum*, Rhus seems to possess specific powers to arrest or favorably to modify the disorganizing process which is going on in the mucous surface of the intestines, in the blood, and in the peritoneal exhalations. Dr. Müller professes to have used it with success for the typhoid inflammatory symptoms and the tympanitis developed during an attack of *Incarcerated Hernia.*

URINARY GROUP.

Rhus causes an increased secretion of urine, and even incontinence of urine. Hence it has been given with success for

Paralysis of the Sphincter of the Bladder in the case of old people and scrofulous or hysteric females, and even for paralysis vesicæ et ani combined. In

Nocturnal Enuresis of feeble, rickety, strumous children, who are likewise troubled with weak bowels, Rhus proves very useful.

SEXUAL GROUP.

The action of Rhus upon the sexual organs is very marked. It causes swelling of the parts and a furious itching of the scrotum, with a distressing breaking out on the parts; also violent erections and, in the female, violent labor-pains as if the menses would make their appearance. Hence we may recommend Rhus for

Erysipelas of the Scrotum in new born infants; for

Violent Itching of the Scrotum, with which many persons are sometimes afflicted; for

Menstrual Suppression when arising from wet feet, and the suppression is attended with violent pressing pains in the uterine region, and perhaps for

Puerperal fever in some cases.

CATARRHAL AND THORACIC GROUPS.

In affections of the chest, Rhus is not to be despised. It causes spasmodic sneezing, hoarseness and roughness in the throat, cough with titillation in the bronchial tubes, generally of a dry character, and sometimes with the taste of blood in the mouth. It causes likewise acute stitches flying through the chest, at night, waking the patient out of her sleep; shortness of breath and dyspnœa. Hence we have used Rhus with some advantage in

Typhoid Pneumonia, with dry, glazed tongue, bland delirium, cough with stitches and foul or bloody expectoration.

EXANTHEMATOUS GROUP.

In *Vesicular Erysipelas* Rhus seems indispensable. In some

Herpetic Eruptions, with burning and itching, and exudation of a serous fluid, Rhus may prove invaluable. In

Herpetic Eruptions on the Scrotum and *Prepuce*, with swelling of the parts, exudation of serum, furious itching and smarting, Rhus is a capital remedy. Do not neglect Rhus in

Tinea Capitis, with exudation of fetid and yellowish matter under the scabs, itching, burning and inflammatory redness of the scalp.

In a case of poisoning by Rhus, related by Dr. Neidhard of this city, vesicular tubercles caused a great deal of annoyance to the patient. The eruption developed itself in the following manner.

First day: Small vesicular tubercles resembling bites of insects, showed themselves in the joints of the hands, feet, particularly around the inside of the ankles.

In the evening, excessive, almost intolerable itching at the same time, with a kind of voluptuous feeling in the skin, followed by a burning, after the skin has been scratched to bleeding. Scratching aggravates the itching and burning.

Second to fifth day: Swelling and redness of the upper and lower lids of the right eye and all around it to such an extent that the patient could only see with difficulty. A similar swelling around the left eye, but to a less extent. Tubercles appeared in different parts of the body; they appeared also on the knees, hip and shoulder joint; this action on the joints was a characteristic symptom.

On the inside of the ankles, where the itching was most severe, dark-brown marks have remained to this day, now five years.

In this case the poisonous action of Rhus seemed to communicate itself to several persons who were in contact with the patient. A decoction of Sassafras relieved the itching; the greatest relief was experienced from small doses of Mercurius præcipitatus ruber used externally as well as internally. In

Papular eruptions of this character; in papular itch or herpes, Rhus will prove eminently useful.

Rhus vernix has caused blotches, tubercles, and welts such as are raised upon the skin by the stroke of a whip or switch; also groups of vesicles containing a serous fluid, with burning, on the fingers, behind the ears and on other parts of the body; hence we may use it in

Urticaria and *Pemphigus*, where these blotches and vesicles occur.

Rhus should not be forgotten in

Pustula maligna or *Anthrax*, and in

Purpura Hæmorrhagica, especially, if the patients have a sallow, cachectic appearance, with great debility, tendency to paralytic weakness of the bladder and bowels, foul discharges; loss of appetite, appearance as if the blood would turn to water.

Rhus causes pains as if sprained or bruised, and as if the flesh had been detached from the bones by blows; hence it is frequently resorted to in sprains both internally and externally; but it proves useful only in lesions of the tendinous and ligamentous tissues when resulting from blows or strains. If symptoms of true inflam-

mation develop themselves, Rhus should be used in alternation with Aconite.

In *hard and cold Glandular Swellings*, more particularly of the parotid and sub-maxillary gland, Rhus has been found eminently useful.

FEVER-GROUP.

Rhus is eminently adapted to typhoid conditions of the blood and other vital fluids; hence it will commend itself to your attention in acute eruptive diseases, such as

Measles, Scarlet-fever, Small-pox, if a process of decomposition should appear, as indicated by foul discharges from the bowels, livid colour of the skin, fading away and unhealthy character of the eruption.

In *Typhoid Inflammations* of the bowels and peritoneum; or in

Abdominal Typhus, as it is termed by pathologists, or in

Bilious or Gastric Typhus, Rhus may prove a most valuable remedy.

In these forms of typhus the symptoms are more or less: the usual pain in the region of the ileo-cœcal valve, sensitiveness or perhaps numbness of the abdominal walls, symptoms of general decomposition of the vital fluids, discharge of foul urine, fetid, watery and bloody, sometimes involuntary discharges from the bowels, clammy and husky skin, empty and rapid pulse; foul taste in the mouth, tongue thickly coated with a blackish-brown mucus, thirst, epistaxis, bleeding of the gums, petechiæ.

In the epidemic typhus of 1813, where thousands of soldiers fell victims to the disease, Hahnemann did not lose a single patient out of one hundred and eighty-three whom he treated in Leipzic with alternate doses of Rhus and Bryonia. This naturally excited great astonishment among the officers of the Russian government whose troops occupied Leipzic at that period, but was taken no notice of by the medical authorities. This fever had two principal stages. During the first stage the patient was affected with an intolerable bad humor, sensation of heat in the body and especially in the head, dry feeling or actual dryness in the mouth, causing constant thirst, bruised feeling in the limbs, restlessness, etc., but in the second period the patient did not complain of any of these symptoms; he was hot, did not desire to drink, he knew not whether to take this thing or that; he did not know those about him, or he abused them, he gave irrelevant answers, talked nonsense with his eyes open, did foolish things, wished to run away, cried aloud or moaned without being able to say why he did so, had a rattling in the throat, the countenance was distorted, the eyes squinting, he played with his hands, behaved like a madman, passed fæces and urine without consciousness, etc. To these groups of symptoms Bryonia and Rhus proved homœopathic.

But there sometimes occurred a third state, a sort of lethargy, or semi-paralysis of the mental organs. The patient remained indolently lying on his back without sleeping or speaking; he scarcely

ever answered any questions; he appeared to hear without understanding what was said; he only whispered a few words which had no bearing upon the question; he appeared to be almost without the power of motion or sensation, without being entirely paralyzed.

In this case the sweet spirits of nitre were administered. The nitre should be so old, or so thoroughly sweetened that the cork of the bottle is no longer reddened by it.

One drop of this was shaken with an ounce of water, and consumed within twenty-four hours. In the course of a few days, this paralytic prostration was followed by recovery.

MENTAL GROUP.

Rhus affects the mind more or less; it causes anxiety, a feeling of fright, oppression, and even delirium.

ANTIDOTAL TREATMENT.

Fomentations of warm milk and sweet oil on the swollen and inflamed parts are very useful. If the sexual parts are swollen and inflamed, they may be bathed in a decoction of Sassafras. Aconite and Belladonna may be given internally. The internal and external use of Lobelia inflata has been found efficient by some practioners. The Mercurius præcipitatus ruber internally, and externally in the shape of a mild ointment, likewise affords great relief. A wash of the spirits of Camphor mixed in water, may likewise be used.

The Creole to whom allusion has been made in this lecture, was cured when attacked, by the powder of Rhus grandiflora, a species of the genus Rhus. Excessive effects of large doses of a drug are very often counteracted in our practice by highly potentized doses of the same drug, or by preparations obtained from different species of the same genus.

In regard to the dose, opinions differ. Old School physicians have exhibited the drug in doses of from one to two hundred and fifty grains daily. Hahnemann advises the 12th up to the 30th potency. In cases of paralysis, Trinks recommends the tincture, which is prepared from the leaves, and is of a dark-yellow color.

LECTURE LII.

STRAMONIUM,

(*Thorn-apple.*—Natural Order:—SOLANEÆ.)

A WELL known bush, from one to three feet high, stem smooth, branched, forked, spreading, leafy; leaves broad towards the base, pointed at the extremities, variously and sharply sinuated and

toothed, of a dark-green color: flowers large, axillary, upright, white: fruit prickly, of the size of a walnut; seeds kidney-shaped, black.

It grows in waste places, on heaps of rubbish, in this country and in Europe. A yellowish tincture of the seeds is the best preparation. A tincture made of the leaves, has a dark-green color.

This is a powerful narcotic agent. Pereira ranges the effects of Stramonium on man into three classes: In small, but gradually increased doses, it diminishes sensibilty, and thereby frequently alleviates pain. It does not usually affect the pulse; it slightly and temporarily affects the pupil, and has no tendency to cause constipation, but rather relaxation. Though it allays pain, it does not usually produce sleep. In larger doses, it causes thirst, dryness of the throat, nausea, giddiness, nervous agitation, dilatation of the pupil, obscurity of vision, headache, disturbance of the cerebral functions, perspiration, occasional relaxation of the bowels, and in some cases diuresis. It has no direct tendency to induce sleep, and hence it cannot be called soporific; but indirectly, by alleviating pain, and thereby producing serenity and ease, it often disposes to sleep. In fatal doses, the leading symptoms are flushed countenance, delirium (usually maniacal), dilatation of the pupil, dryness of the throat, loss of voice, difficulty of deglutition, convulsions and, in some cases, palsy.

These very vague statements convey a general knowledge of the physiological action of Stramonium, but are of little practical value to us, inasmuch as they do not delineate a single disease with sufficient clearness to serve us as guides in practice. Baron Stœrck, who may be looked upon as a precursor to Hahnemann, recommended it internally in mania and epilepsy. His reasoning in reference to this point is very remarkable. "If," says this distinguished experimenter, "Stramonium produces symptoms of madness in a healthy person, would it not be desirable to make experiments, in order to ascertain whether this plant, by its effects on the brain in changing the ideas and the state of the sensorium (*i. e.* of the part, whatever it may be, which is the centre of action of the nerves upon the body), should we not, I say, try whether this plant would not restore to a healthy state, those who are suffering from alienation of mind? And if, by the change which Stramonium would cause in those who suffer from convulsions, by putting them into a contrary state to that in which they were, would it not cause their cure?"

It was a beautiful and brilliant thought of Baron Stœrck, and one fraught with most useful results, to suppose that a medicine which possesses the power of exciting a certain disease in a given organism, must likewise be capable of neutralizing this disease, if occurring as a natural malady, by virtue of its antagonizing action. It was his belief that the drug-disease was diametrically opposed to the natural malady, although similar to, or rather identical with, this natural malady, in form and appearance. He instituted his provings of drugs with a view of ascertaining how, and upon what organ or tissue, they acted during health, and it is by these means that he was enabled to prescribe Aconite, Belladonna, Conium, Pulsatilla, and a

number of other drugs, in a hitherto unheard-of manner, and with a success alike brilliant and encouraging. Behold how the great truth of Homœopathy has gradually dawned upon humanity. Foreshadowed by Hippocrates in one or two axioms, evanescent flashes of genius; again pressed forward by Paracelsus, who looked upon disease as a state of medicinal poisoning that ought to be neutralized by its antidote; held up to the attention of the scientific world by one of the few noble men who, although occupying an official chair in the most distinguished medical school of that period, dared to proclaim the necessity of stepping beyond the boundaries of medical science as taught and practiced by his cotemporaries; of ascertaining the action of drugs upon the living tissues while in a state of health, and thus learning from nature herself the diseases against which drugs may be administered as their direct and positive antidotes. All these varied views and suggestions were so many preparatory stages in the gradual advent of the Law of Cure which we have inscribed upon the portals of our College.

What is it that underlies these reasonings of Paraceslus and Stœrck? Is it not the idea that a drug, in order to become a true remedial agent, must hold some specific relation to the disease for which it is to be used? According to Paracelsus, this specific relation consists in the fact that the disease is a state of poisoning which has to be neutralized by its antidote; according to Baron Stœrck, the specific relation consists in this, that a drug, in order to cure a disease, must be capable of affecting the same tissues which are the seat of the natural malady, and that this capability implies a power inherent in the drug, of directly antagonizing and extinguishing the morbid process. And now appears upon the stage of medical reform Hahnemann, who sums up all these scattered fragments of truth under one universal generalization, teaching the doctrine that the curative power of a drug, in a given case, depends upon its capability of reproducing the symptoms of the morbid process in their totality.

Paracelsus and Baron Stœrck stood on the threshold of the temple of truth; Hahnemann entered the sanctuary, not perhaps the holy of holies, where the causes of things are revealed to man. "I care nothing about the reason why a disease will yield to a drug which is capable of reproducing the symptoms of the disease in their totality. The fact that the disease will disappear under the influence of such a drug, is undeniable, and this is all I contend for. Furthermore, in order that you may know the symptoms which a drug is capable of developing in the tissues while in a state of health, you must institute systematic provings upon yourselves." Hahnemann never cared to go much farther; he never undertook to account for the inmost reasonableness of the homœopathic law. The only explanation he gives of the remarkable phenomenon of a cure in accordance with the principle "similia similibus," is this, that the drug-disease being stronger than the natural malady, this latter is absorbed and neutralized by the former. The superficial reading of this explanation has made it appear imperfect and unsatisfactory; for how can we understand that a poor sufferer, who is already overshadowed by death, can be freed from the embraces of the grim

destroyer by being assailed by another still more violent disease than the natural malady?

This unfortunate misapprehension of Hahnemann's explanation of his doctrine, has furnished arms to his enemies wherewith they might assail the inherent reasonableness of Homœopathy. Such men as Trousseau and Pidoux have made the most of this argument in their refutation of Hahnemann's teachings. I have shown again and again how this doctrine, that the artificial drug-disease is superior to the natural malady, must have been understood by Hahnemann. I have shown that this superiority of the drug-disease over the natural malady depends upon the superior affinity existing between these two conditions. The drug-disease absorbs and neutralizes the natural malady by virtue of this superior affinity, superior to the affinity existing between the natural malady and the physiological life of the organism. This affinity only exists between morbid conditions resulting from the same cause; the morbific force embodied in the drug, and developing the drug-disease, being identical with the morbific principle which develops an analogous pathological process in the tissues. Here we have the whole secret of Homœopathy which, if properly presented to the thinking minds of this generation, will make Homœopathy the therapeutic Science of this and all future Ages.

It may seem immaterial whether the phenomenon of a homœopathic cure is correctly or incorrectly accounted for; but, if you consider that an imperfect understanding of Hahnemann's explanation has led to important practical errors, such as the sweeping doctrine of medicinal aggravations, and this other one-sided and often mischievous doctrine, that none but high potencies should be used by a true follower of Hahnemann, we cannot remain indifferent towards a philosophical interpretation of the true law of cure. Come up higher! is still the precept which sounds like angles' music to the spirit of all free and noble-minded worshippers of truth. Come up higher! What! in an age when all the energies of scientific minds are bent upon investigating first principles; when the microscope, the crucible and the ethereal forces of nature are constantly called upon for aid in the great struggle of darkness against light, of intelligent Reason against unintelligent Creeds and hereditary Opinions; are we to chain our minds by empirical routine? are we to prescribe Aconite for fever because we were so taught, or because we understand and feel in our very souls that it is in obedience to a law, of which we have a clear and logical perception? Let us not forget, that we owe it to our professional opponents, to our great cause, to the sacred interests of humanity, that we should stand before the world armed not only with the brilliant results of our practice, but with the irresistible might of that high Common Sense which is the prerogative of men who have freed themselves from all hereditary opinions; who, worshipping truth rather than human authority, hold themselves accountable to their consciences and to humanity for the new principles with which they undertake to subvert favorite forms of belief and established interests. Hahnemann himself, in spite of his fierce denunciation of theories, yielded to the irresistible claims

of that ever-active power in the soul which impels man onward in his investigation of causes; the great reformer himself, when he published his work on the treatment of chronic diseases, astonished the world by an unheard-of theory of chronic miasms which swamped more effectually than arguments could do, his opposition to the investigation of the first causes of disease. Gentlemen, a homœopathic physician who deliberately abjures the privilege of thinking for himself; who is enslaved by hereditary opinions and interests; whose mind is not, like the eagle's eye, constantly looking up to the sun of truth as the source of all wisdom in the practical interests of life, and of the sick-room in particular; may be a fashionable practitioner, he may amass a fortune, he may be at the head of a church-organization; he may be accompanied to his last resting-place by a numerous cortege of fashionable acquaintances; but in the temple of humanity his niche will remain desolate, and in the balance of history he will be found wanting, and his very name will be scattered by the whirlwind of eternal progress.

The numerous cases of poisoning by Stramonium which have been recorded by toxicologists, go to show that Stramonium produces its remarkable effects upon the organism by virtue of its peculiar specific action upon the brain. The active principle of Stramonium is an alkaloid which its discoverer, Brande, has termed Daturia or Daturine.

Dr. Fowler, in his Medical Commentaries, mentions the case of a little girl who took a drachm and a half of the seeds. In about two hours furious maniacal delirium set in, with spectral illusions. These symptoms continued for several hours: she recovered.

Dr. Burton mentions the case of two British soldiers who ate Stramonium by mistake for the Chenopodium album. One became furious and ran about like a madman; the other died with the symptoms of genuine tetanus.

Albert Corvisart, in the 23d volume of the Journal de Médicine, relates three cases of children who were poisoned by Stramonium: the symptoms were delirium, restlessness, constant incoherent talking, dancing and singing, fever, and flushed face.

Bœrhaave relates the case of a young girl who had the powder given her in some coffee, for an unlawful purpose. The symptoms were: redness of the features, delirium, nymphomania, loss of speech; then staring at one point, tremors, convulsions and coma; afterwards tetanic spasm, and slow respiration, with the coma. She recovered.

In another case, related in Professor Rust's Magazine, the leading symptoms were: spasmodic closing of the eyelids and jaws, spasms of the back, complete coma, and excessive dilatation and insensibility of the pupil.

Hahnemann reports the following cases in his Lesser Writings: A

woman rather advanced in life, took two grains of the extract of Stramonium in two doses within eight hours; she was attacked with stupefaction, anxiety, convulsions of the limbs, and involuntary weeping; these symptoms were frightfully increased by partaking of coffee; they rapidly disappeared after swallowing a few ounces of strong vinegar. In relating this case, Hahnemann remarks that Stramonium causes extraordinary waking dreams, unconsciousness of what is going on, loud delirious talking like a person speaking in sleep, with mistakes respecting personal identity. A similar kind of mania it cures specifically. It excites very specific convulsions, and has thus often proved useful in epilepsy; both properties render it serviceable in cases of persons possessed. Its power of extinguishing recollection should induce us to try it in cases of weak memory. It is most useful when there is great mobility of fibre, because its direct action, in large doses, is increased muscular mobility. It causes heat and dilatation of the pupil, a kind of dread of water, swelling and redness of the face, twitching of the muscles of the eyes, retarded stool, difficult breathing; small doses cause perspiration and sleep.

Mr. Marsh of Northampton, relates the following case: A woman, aged thirty-six, took two teacupfuls of an infusion of Stramonium by mistake for Senna. In ten minutes she was seized with dimness of sight, giddiness and fainting; in two hours she was quite insensible, pupils fixed and dilated, all the muscles of the body convulsed, the countenance flushed, and the pulse full and slow. The stomach-pump was applied, and in a few hours she recovered, suffering, however, from indistinctness of vision and vertigo.

In the Boston Medical and Surgical Journal we read a description of the case of three females who had swallowed an infusion of Stramonium-leaves (half an ounce to a pint of water), in mistake for hoarhound. They were found lying in bed, stupid, unable to articulate, with a certain peculiar wildness of countenance, and flushed face; pupils dilated and insensible, conjunctiva highly injected; lips and tongue parched; no vomiting; breathing at times stertorous and labored; hands cold, with a trembling and slightly convulsive movement; great rigidity of the muscles of the neck and back; at times active efforts at utterance. Two of the patients recovered, the third died.

The following case of poisoning by Stramonium illustrates the action of this poison in a remarkable manner. The case is that of a child belonging to Mr. Duffin, England, and is reported in the April number of the London Lancet, 1845. His little daughter, aged two years and a half, swallowed, without the knowledge of her parents, upwards of one hundred of the seeds. The first symptoms were great irritability of temper, accompanied by general itching over the whole surface of the body, more especially of the face, and conduct as if intoxicated. To these succeeded flushed countenance, wildness of manner, suffused eyes, maniacal expression, ineffectual efforts to vomit, incoherent and rapid utterance, screaming, catching

at imaginary objects in the air, or rather striking at them; it was evident that these spectra were of a frightful nature, for there was an expression of horror in her face; she screamed violently and hid her face; her eye would, to appearance, follow the imaginary object for a moment or two before she made an effort to escape from its supposed approach; she rapidly became furiously delirous, struck at, pinched, or attempted to bite every person who came near her, or any object that was offered to her. In two hours the child had lost all power of utterance and of voice; she could only utter a hoarse, croaking sound, alternated with a sonorous, crampy, barking cough, and was unable to swallow in consequence of the violent spasm which affected the muscles of deglutition when she made the effort; the pupils were dilated, had been so from the first: the voluntary power of the extremities was gone, and the limbs were violently agitated by spasmodic twitching and tossing (not by regular convulsions), alternating with short paroxysms of opisthotonic spasms. The pulse was almost imperceptible from the first; coma came on in five hours; a tympanitic state of the abdomen, with paralysis of the bladder; and death ensued twenty-four hours after swallowing the seeds.

The blood was found to be semi-fluid throughout the body. The few coagula met with in the auricles of the heart and large veins, were very fully formed and easily broken down. A slight unusual blush pervaded the pharynx and œsophagus to about one-third of its extent; the larynx was similarly injected. The rima glottidis was thickened and very turgid; the stomach and intestines presented an extremely healthy appearance throughout.

The following cases likewise show the extraordinary action of Stramonium upon the brain in a most instructive manner.

A man of sixty and his wife had swallowed a tablespoonful of the seeds of Stramonium. In half an hour they were attacked with vertigo, stupefaction, sopor and spasms. A physician found them unconscious, with stertorous breathing, depression of the lower jaw, twitching of the hands and feet, rolling of the eyes, dilatation of the pupils, grasping at the nose, ears, head, difficulty of deglutition, pulse somewhat accelerated and inclining to intermit; the skin was cool. During the night the consciousness returned somewhat. They complained of burning in the bowels, deglutition was exceedingly difficult and painful, the voice became croaking and inarticulate. The woman died; the man was saved by taking castor oil.

A girl of four years ate a few seeds of Stramonium, while playing in a garden in the afternoon. Towards evening the child began to complain of stitches in the ears. She became delirious and commenced to sing. Her eyes glistened, the pupils were dilated and partially insensible to the light. She caught at things in the air, and picked at the bedclothes. She was unable to stand, her knees gave way, she acted like one intoxicated. Large quantities of milk induced vomiting of the seeds, by means of which her life was saved.

This case affords evidence of the homœopathicity of Stramonium to typhus, where this grasping at flocks and the picking at the bedclothes frequently occur.

Another interesting case is that of a robust little boy of three years. He ate of the seeds. Soon after he complained of scraping in the throat, bored with the head into the pillow, his hands and feet trembled. In half an hour the child was unconscious and in spasms. The head was hot, face dark-red, the extremities redder than usual, the pupils very much dilated, and there was profuse salivation; the child grit his teeth, trembled violently, was very much convulsed, showed symptoms of violent anguish, and continually uncovered his private parts. The child was saved by means of emetics (sulphate of zinc), and cathartic injections. After he commenced to improve, he seemed very much excited, and sang and screamed continually until he fell into a sound sleep, from which he woke quite well.

This case shows the great similarity which exists between the action of Balladonna and that of Stramonium, and renders it evident that these two great agents must evince curative powers in the same class of cerebral diseases.

A remarkable effect of Stramonium in this case is the tendency manifested by the little patient to uncover his private parts. We infer from this symptom that Stramonium may prove valuable as a remedy for Nymphomania and affections of the sexual system characterized by violent sexual excitement.

This effect was witnessed in the case of a chlorotic female, twenty years old, who had swallowed a number of the seeds. Her face was hot and red, pupils very much dilated, eyes injected; she was delirious, complained of vertigo, ringing in the ears, dryness of the lips and tongue, which was very red, subsultus tendinum, twitching of the extremities, sensitiveness of the stomach to pressure, accelerated and full pulse. A marked effect of the poison was an excitement in the sexual sphere, which might be inferred from her actions and from the expressions she used in her delirium.

In another case four full grown persons ate a quantity of Stramonium leaves, which, by mistake, had been mixed among other vegetables; they became crazy, indulged in ludicrous gesticulations, seemed intoxicated; the abdomen was very much distended. A case of this kind shows the curative virtues of Stramonium in mania.

Other cases of poisoning have revealed the curative virtues of Stramonium in tetanic convulsions. A robust woman, who had pleurisy, prepared a decoction of the leaves and seeds of Stramonium, of which she swallowed three cupfuls. Soon after she was taken with sickness at the stomach, anxiety, her eyes became closed and her jaws were locked and immovable; the pulse beat violently and the extremities twitched. She was bled two pounds, after which she opened her eyes, looked about wildly, with her pupils dilated and

insensible to light or contact. She opened her mouth, but the tongue was immovable and she was unable to utter a sound. She was attacked with opisthotonos. Stimulants and injections restored her.

The homœopathicity of Stramonium to amaurosis is evidenced by the case of a girl three years old, who, after eating a considerable quantity of the seeds, was attacked with convulsive twitchings of the arms, paralysis of the lower extremities, protrusion of the tongue, staring of the eyes, dilatation of the pupils, muttering delirium, loss of senses. After recovering her consciousness, she complained that the room was very dark and she desired a candle to be lighted. She passed bloody stools and recovered.

A man, who was afflicted with violent rheumatism of the head, took from twenty to twenty-five drops of the tincture of Stramonium every few hours. The rheumatism disappeared, but the patient was attacked with the symptoms which usually characterize the toxicological action of this drug, such as: delirium, staggering gait, dryness of the mouth and throat, hard and full pulse; he voided moreover a watery urine.

It is to this symptom that I desire to direct your attention. In hysteric spasms, this symptom may be present. In hysteric spasms, characterized by the sardonic smile, sexual excitement and the emission of watery urine, Stramonium may do us great good.

Another indication for Stramonium in hysteric spasms is the globus hystericus or hysteric ball, which has likewise been occasioned by Stramonium. In a case reported in the Magazine of Therapeutics (a German periodical), a mother and her three children complained of a burning pain in the throat, and a distress as if a ball were incarcerated there.

Stramonium causes paroxysms of rage. In this respect it acts similarly to Belladonna. A little boy who had swallowed the seeds, and showed the usual symptoms of poisoning, redness of the face, glistening eyes, dilatation and insensibility of the pupils, shrill and crowing sound of the voice, was likewise attacked with paroxysms of rage; he attempted to bite the people who were in the room.

A case of poisoning is reported in Hufeland's Journal, where the patients, about a fortnight after the poisonous symptoms had disappeared, were attacked with a pustulous eruption which covered the whole of the left leg. The pustules were small and caused a good deal of burning and inflammatory redness; they were filled with an acrid fluid.

A case is reported in a German Medical Journal, where a girl of four years was attacked with a fiery redness of the whole body, with squinting of the eyelids, trembling of the extremities, opisthotonic spasms and difficulty of deglutition.

In another case reported in the Journal Universel (a French pub-

lication), the patient, a little girl of two years and a half, ate a quantity of the seeds, after which she was attacked with extraordinary mirthfulness. She alternately laughed, screamed and sang, changing with wonderful rapidity from one to the other. Her face exhibited an intense scarlet-redness, the skin was likewise of a shining red as in scarlet-fever, and very dry; her face, neck and chest were covered with small, shining, star-shaped petechiæ. The poisonous symptoms were speedily subdued, but the petechiæ remained about a week after the poisoning occurred.

This case shows that in typhoid fevers, where such petechiæ occur, Stramonium may prove very valuable. Some years ago a typhoid fever occurred in some parts of the State of New York as an epidemic disease. It was characterized by an eruption resembling flea-bites, and yielded very readily to Stramonium, the action of which was specifically homœopathic to it.

These cases of poisoning show that Stramonium acts principally upon the brain and spinal cord; in fatal cases death takes place by paralysis of these nervous centres. The iris and the lower extremities seem to be most speedily and constantly affected by the poison. Functional derangements of the abdominal organs seem to result from a sympathetic irritation rather than from the direct action of the poison.

After death the vessels of the brain, the ventricles of the heart and the pulmonary parenchyma are found gorged with a black, fluid blood. The stomach and bowels show signs of inflammation; their vessels are partially injected.

In the case of Stramonium the law of primary and secondary action to which frequent allusions have been made in these lectures, is likewise beautifully and strikingly illustrated. The first effect of the poison may be an apparent stimulation, an increased frequency and volume of the pulse; the skin becomes redder and hotter; the patient seems dizzy, acts as if he were intoxicated, laughs, sings, screams, manifests an increased excitement of the sexual sphere. Spasms and opisthotonic convulsions may be numbered among the signs of primary stimulation.

These symptoms do not last, and are gradually superseded by sopor, stupefaction, loss of consciousness, paralysis of the lower extremities.

In some cases, where the patients manifest very little power to react against the effects of the poison, the signs of stimulation are either short-lasting or do not occur. The patient is at once plunged into stupor, seems paralyzed, insensible.

In regard to the iris, the primary effect of the poison seems to occur in every case; the pupil is very much dilated, and the patient is partially or totally blinded. After the blindness is removed, the patient may complain for a time of photophobia.

Let us now proceed to review the effects of Stramonium with reference to their corresponding pathological affections. The cerebral and mental diseases may be very conveniently ranged in the same category.

CEREBRO-SPINAL GROUP.

Stramonium causes, and therefore proves admirably adapted as a curative agent to, various forms of

Mania, mania ferox, where the patient manifests a desire to strike, bite, and otherwise injure persons.

Mania saltatoria, or a jumping, singing and dancing mania.

Mania ecstatica, or *ecstasis,* with exaltation of the fancy and sensibility, generally with cerebral congestions.

Mania errabunda, or rather a sort of melancholy, impelling the patient to wander about.

Mania with excessive talking, even to absent persons;

Mania with hallucinations, he fancies he is all alone in the world, in a wilderness;

Mania with frightful visions, shrieks, flushed face, feverish heat, slow pulse.

Fitful mania, a remarkable instance of which is narrated by Hahnemann in his Lesser Writings. It is the case of Klockenbring, a man of high education and holding an eminent station under the Hanoverian government. Political slander deprived him of his sanity. His mania was of the fitful kind. At times he indulged in the most ludicrous whims and gesticulations, reciting Dante most pathetically; at other times he would enact some ludicrous farce, say his prayers, paint his face. One morning, during one of his fits, he asked for ink and paper, and wrote a prescription. It was Stramonium. The drug was administered, and the patient had no sooner begun to take the medicine when he recovered.

Stramonium causes vertigo and intoxication. It has been found useful in paroxysms of

Vertigo, with staggering, inability to collect one's thoughts, stupefaction; these attacks of vertigo may co-exist with gastric derangements, such as sour vomiting, diarrhœa.

In *Mania-a-potu,* characterized by fits of rage, frightful phantasms, hallucinations (such as one-half of the body being cut off), desire to escape, glistening eyes, staring look, dilatation of the pupils, we shall find Stramonium eminently useful.

Phrenitis comes within the curative range of Stramonium. Many of the symptoms which we have indicated so far, may occur in phrenitis. All our cases of poisoning by Stramonium show that the cerebral vessels are engorged with blood under the action of Stramonium. The symptomatic indications likewise point to Stramonium. The glistening eyes, the flushed face, the expression of terror and pain in the features, the peculiar delirium, generally of the maniacal character, justify the use of Stramonium in this disease.

In *Cerebral Congestions* and in *Inflammation of the Brain* arising from certain causes, Stramonium may be useful. Among such causes we may number the sudden retrocession or the imperfect development of an acute rash, dentition, gastric irritation, a peculiar miasmatic condition of the atmosphere. A phrenitis of this kind may be characterized by the toxicological effects of Stramonium,

such as: glistening of the eyes, with dilatation of the pupils, redness of the face, boring with the head into the pillow, muttering or furious delirium, stupor, burning pain in the brain, etc.

These and similar symptoms might characterize a case of *Cerebral Typhus*, to which Stramonium is homœopathic; in addition to which we may have carpolagia, dry and parched tongue and lips, petechiæ, offensive discharges from the bowels. You recollect the epidemic typhoid fever to which allusion was made in a previous paragraph.

We have seen that Stramonium causes convulsions, trembling of the extremities, paralysis. Hence we recommend it in

Tetanic Convulsions, especially when excited by the sight of a sparkling object, water, a looking-glass, candle. Striking symptoms of cerebral congestion are always present during the paroxysm. In

Traumatic Tetanus, Stramonium may be used; convulsions have been induced by introducing Stramonium into the circulation through a wound.

In *Chorea*, Stramonium may effect a cure, especially in recent cases where the attack was induced by a fright, by the sudden checking of the perspiration, self-abuse.

In *Epilepsy*, Stramonium has effected many beautiful cures. The following case, among many, may serve to substantiate this fact: A poor woman, of forty-five years, had been afflicted with epilepsy for years, in consequence of a fright. At first, the attacks were preceded by a feeling of anxiety and oppression in the region of the stomach; but very soon they set in without any premonitory symptoms four or six times a day, with loss of consciousness; the patient uttered a shriek, fell down, and became convulsed; the attack left the patient stupid, and with a feeling of aching pain and oppression in the region of the stomach. Her mind was not affected. After a good deal of fruitless treatment with Valerian, flowers of Zinc, Copper, etc., she was put on the use of the extract of Stramonium, of which she gradually took twelve grains, and was entirely cured of her disease. After having remained perfectly free from her disease for seven weeks, she had a violent fright, the consequence of which was a renewal of the attack. Stramonium again cured her, and she had been well for several years when the case was reported. Epileptic spasms may set in in consequence of onanism, fright, retrocession of a rash, etc.

I have already alluded to the fact that Stramonium may cure

Hysteric Spasms, when characterized by the globus hystericus, sardonic smiles, discharge of watery urine.

Hydrophobic Convulsions have been successfully treated with Stramonium. This poison causes a spasmodic constriction of the

fauces so that not even water can be swallowed. Buckner informs us in his Toxicology, that he once macerated, over night, two grains of the seeds of Stramonium in a glass of beer which he swallowed next morning before breakfast. He was attacked with vertigo, and dryness and constriction of the throat, so that he was unable to swallow his own saliva. In violent cases, the attempt to swallow liquids has resulted in hydrophobic convulsions. Hence in

Spurious Hydrophobia and perhaps in genuine hydrophobia, Stramonium may prove useful.

Stramonium has caused, and may therefore cure,

Paralysis, especially when occurring in an acute form. In one case, two grains of the extract caused paralysis of the extremities of the left side, which were covered with cold sweat; at the same time the extremities of the right side and the lower jaw were violently convulsed. The intellectual faculties were disturbed, the power to articulate impaired; other symptoms were: weeping, difficulty of swallowing, increased sensibility of the abdominal walls, frequent and small pulse, hurried respiration.

You will have observed that paralysis and convulsions co-exist in this group of symptoms. In another case of poisoning the same fact has occurred: convulsions of the arms, with simultaneous paralysis of the lower limbs, protrusion of the tongue, dilatation of the pupils, muttering, loss of sense, and subsequently loss of vision, with bloody stools. These symptoms lead us to use Stramonium in certain forms of

Paralysis, partial or complete, when accompanied by, or remaining after, convulsions. Disturbances of the special senses, and of the intellectual functions, are very generally present in paralysis to which Stramonium is homœopathic. This kind of paralysis may occur in consequence of a sudden mental or moral shock, sudden retrocession of an acute rash, sudden checking of the perspiration. In a case reported in Frank's Magazine, the patient became paralyzed and lost his voice in consequence of the sudden suppression of a diarrhœa by opium; Stramonium restored him very speedily.

These acute cerebral and nervous affections to which Stramonium is homœopathic, are very generally accompanied by redness and bloating of the face, staring of the eyes, a blanched appearance of the wings of the nose and the region around the mouth, and a hectic spot on each cheek.

ORBITAL GROUP.

The action of Stramonium upon the sense of vision is very remarkable. It causes

Dilatation of the pupils;

Glistening eyes;

Staring eyes;

Swelling and redness of the eyes, also with sensitiveness to light;

Diplopia, the patient sees objects double, but in an oblique direction one from the other;

Black objects look grey;
He sees objects which are not present;
He sees a reddish-grey border around white objects, such as paper;
Letters seem to move, look blurred, objects are seen obliquely; in one case,
Amaurosis set in for six hours; in other cases
Paralysis of the upper lid took place.

These symptoms generally co-exist with cerebral affections, or violent irritations of the ganglionic system. Some of these phenomena may remain as sequelæ of acute cerebral diseases; more particularly

Amaurosis, amblyopia, paralysis of the upper lids, and the various optical illusions which may characterize a general amaurotic condition of the eye.

In *Inflammation* and *Ulceration of the lids*, Stramonium may be of great use. In the previously mentioned nervous affections of the eyes, Stramonium may be tried, whether they exist as consequences of cerebral diseases or from any other source.

BUCCAL GROUP.

The symptoms which are to be recorded here, do not exist independently of the cerebral symptoms; in this range we have
Dryness of the mouth;
Screaming until the patient is hoarse;
Stammering, uttering inarticulate sounds;
Loss of speech, he expresses his wishes by signs; sometimes the loss of speech is accompanied by furious delirium;
Swelling of the tongue, it hangs out at the mouth;
Bloody froth;
Ptyalism, discharge of tenacious saliva;
Constriction of the throat.

All these symptoms occur incidentally to more general affections of the brain or nervous system, in phrenitis, typhus, convulsions, and so forth.

This remark is likewise applicable to the symptoms of the

CHYLO-POIËTIC GROUP.

Here we have to make the following record:
Food tastes like straw;
Vomiting of sour mucus;
Feeling of anxiety in the pit of the stomach;
Burning distress in the stomach;
Tympanitis;
Rumbling in the bowels;
Blackish diarrhœa;
Diarrhœa having a cadaverous smell;
Discharge of coagulated blood from the anus.

All these symptoms constitute so many elements of more comprehensive pathological groups. In the various cerebral affections,

and in the various typhoid inflammations and nervous irritations, to which Stramonium is homœopathic, these symptoms may occur. The vomiting, for instance, may occur as a sympathetic result of cerebral congestion. The burning and tympanitic distention of the bowels, and the blackish and cadaverous diarrhœa, may occur in certain forms of typhus, or as a consequence of a repelled malignant eruption, scarlet-rash or small-pox.

URINARY GROUP.

Stramonium causes retention of urine; in one case this was accompanied by a sensation as if a cylindrical ball were pushed through the urethra.

This symptom reminds us of the hysterical ball as a symptom of hysteria, It confirms the use of Stramonium in

Hysteria, especially when the difficulty gradually terminates, as it often does, in the secretion of copious quantities of a watery urine, a kind of urine which is generally designated by the term "*spastic*."

This retention of urine may likewise occur as a mere symptom in paralysis, typhus, etc.

SEXUAL GROUP.

Stramonium causes a violent, unnatural irritation of the sexual organs of the female, enabling us to use Stramonium in that dreadful form of mania,

Nymphomania, where Stramonium is particularly indicated by coexisting cerebral congestions or even paroxysms of convulsions, with loss of consciousness, hot head, dark-red face, dilated pupils, copious ptyalism, gritting of the teeth, trembling feeling of anguish.

Constipation and signs of abdominal plethora constitute indications in other cases. This disease has been successfully treated with Stramonium.

Stramonium also causes metrorrhagia and a discharge of black blood from the womb. These symptoms may occur in

Puerperal Mania, the paroxysm setting in with symptoms of unnatural mirthfulness; the patient becomes uncontrollable, wants to bite, the face looks flushed and the eyes glisten. In

Puerperal Convulsions, Stramonium may be indicated by similar cerebral congestions.

In *Typhoid Conditions* of the womb, with discharge of foul blood, Stramonium may compete with Belladonna, Hyoscyamus and other drugs.

RESPIRATORY GROUP.

The shrill, hoarse and crowing sound of the voice, which Stramonium causes, may indicate its use in certain forms of convulsions. They may also occur in

Dyspnœa or *Asthma*, where Stramonium has frequently exhibited curative effects, especially in asthma caused by the retrocession of an

acute rash, with spasmodic constriction across the chest, and expectoration of small quantities of mucus. A fashionable method of using Stramonium in this disease, has been to smoke it like tabacco, one or two pipes a day.

Stramonium causes a spasmodic cough, especially in the evening; hence it has been used with more or less advantage in dangerous forms of

Whooping-cough, when the attack results in vomiting, discharge of blood from the nose, and the little patient becomes emaciated and prostrated under the disease. In

Hæmoptysis, with spasmodic coughing fits, Stramonium has likewise proved useful.

EXANTHEMATOUS GROUP.

Stramonium has caused a fiery redness of the whole body and a petechial rash on the chest and back, and likewise upon the lower extremities. Observation seems to bear out the doctrine that there exists a deep relation between such a rash and the functional power of the brain. We avail ourselves of this knowledge for the purpose of promoting the development of cutaneous eruptions, such as measles, scarlatina, or even small-pox, if the brain seems to become exhausted by its efforts to free itself from the depressing influences of the eruptive disease.

The existence of a petechial rash in typhoid diseases, where exudation of a sanguineous fluid is taking place, affords confirmatory evidence of the homœopathicity of Stramonium to the existing disease.

FEVER-GROUP.

We have seen that Stramonium is used by homœopathic physicians in

Acute Eruptive Diseases, if the eruption does not come out fairly, and the brain seems to be unsuccessful in its endeavor to relieve itself. The patient may be in a state of sopor, from which he starts up every now and then with a sudden cry. The face looks flushed and bloated, the skin feels dry and hot, except the extremities, which may be cold. The patient is frightened by visions, rats, mice, furious animals, from which the children endeavor to hide themselves.

These symptoms may partially occur in

Typhus of the Brain or *Bowels*, where the delirium is generally of the furious kind, also alternating with singing and whistling, the patient wants to jump out of bed, has frightful visions, petechiæ may show themselves.

SLEEP.

The patient may sleep awhile, after which he wakes with a solemn look. Or he sleeps as if he were dead, with imperceptible respiration. The sleep is occasionally interrupted by screams.

DOSE.

As a general rule, the higher potencies of Stramonium have not been found as satisfactory in these various diseases as the lower. I prefer the tincture up to the sixth potency.

This agent yields an alkaloid *Daturine*, concerning which the experimenters of the Physiological School have promulgated the most baseless theories in the garb of science. Comparative experiments, which Schroff, who fills the chair of Pharmacology in the University of Vienna, has instituted with Daturine and Atropine, have led him to assert that Atropine is the sole and exclusive carrier of the active properties of Balladonna, and that Atropine and Daturine are *identical*, except that the latter acts *twice* as powerfully as the former. Planta having shown that the chemical composition of these two substances is alike, the conclusion is at once jumped at by physiological therapeutists that their action upon the living organism is the same. This identity of action is determined by numbers, and the numbers are determined by purely mechanical means. The number of the radial pulsations, Capeller's thermometer applied to the tongue, and the dimensions of the pupil yield the standard of measurement. The volume, softness or hardness of the pulse, the temperature of the skin, the temperament and idiosyncratic peculiarities of the experimenter, the inherent sensibility, irritability and assimilative power of the living organism, seem to be of no consequence whatsoever. The inference from these pretended experiments, which reduce man to a mere piece of mathematical mechanism, is that Daturine, being much more expensive than Atropine, may be dispensed with, and that Stramonium is an unnecessary superfluity in the drug-world. "How much vain talk," writes Falk, in the preface to the fourth number of his Materia Medica, "how much vain talk has been perpetrated relating to the difference between the action of Belladonna and that of Stramonium, until von Planta showed that Daturine and Atropine are identical, and that the same active principle exists in both!" Kissel takes the identity of these two agents for granted, for, on page 262 of his Materia Medica, he says: "Daturine is identical with Atropine." Œsterlen writes, page 730, Daturine is "chemically perhaps identical with Atropine; and Schroff expresses himself as follows: "Careful physiological experiments with Stramonium and its preparations have led me to the conviction that the group of symptoms produced by Daturine, is identical, in point of quality, with the group produced by Atropine; quantitatively they differ in this, that Daturine acts with twice as much force as Atropine."

An intelligent physician need not be told that these experiments lead to false science, and that Stramonium and Belladonna, in spite of the isomeric composition of their alkaloids, are totally distinct substances, that each affects the living organism in its own peculiar manner, and fulfills therapeutic uses of a specific and distinctive order. Such doctrines as Schroff and other physiological experimenters propound regarding the identity of Daturine and Atropine, must seem monstrous to a homœopathic physician, and yet, if we

would but dare to examine the doctrines of most of our writers on Homœopathy, we should find that their definitions and disquisitions are as destructive of the truth of homœopathic science as the statements of physiological experiments are destructive of Nature and Common Sense.

The very idea which these writers entertain of Homœopathy, is false, mischievous and destructive of order. Their conception of similarity is a purely subjective offspring of the understanding; with them, similarity is a mere word, a sound, a shadowy phantom, not a living fact, not depending upon this or that man's fiat or creed, but determined by the unerring, fixed and universal Order of Nature. If there are two drugs in nature which act similarly to each other, they are Stramonium and Belladonna; a chemical analysis of their alkaloids yields the same results, and their toxicological effects are so similar that in many respects they may be said to be identical. Nevertheless they cannot be substituted one for the other; the therapeutic range of Stramonium cannot be reached by Belladonna, nor can the therapeutic functions of Belladonna be replaced by those of Stramonium. Why is this? Because similarity is not a delusive thing of sense, of sight, taste, sound, touch; but a living fact set up before our mental vision in the endless and immutable Series of Nature.

Here we have a case of cerebral disease, the symptoms of which resemble the effects of Stramonium and Belladonna so completely that we are at a loss to decide which of these two agents is similar to it in the sense determined by the homœopathic law. In order to secure a favorable result we give both remedies in alternation. If Belladonna was the true homœopathic agent, Stramonium alone would not have touched the case; and vice versa, if Stramonium effected the cure in this case, Belladonna would not have produced the least modification in the symptoms. What careful homœopathic observer has not witnessed similar results and disappointments! Yet if a mechanical similarity were the chief requirement of a cure, why should not Belladonna, in view of its extraordinary resemblance to the symptoms of our case, effect two-thirds or seven-eighths of a cure? We have supposed a case to which Stramonium and Belladonna seemed equally homœopathic, and yet Stramonium alone was capable of effecting a perfect cure, whereas Belladonna proved utterly powerless in spite of its apparent similarity.

The doctrine of Succedanea, which has been repudiated by Hahnemann, and which is utterly meaningless when viewed in the light of Reason, is continually practiced by the thoughtless scribblers on Homœopathy. A disease requires to be treated with *its own remedy*, not with a thing which is substituted for it upon the basis of a symptomatic similarity. The great doctrine which Hahnemann sought to perpetuate by his formula, "*Similia similibus curantur*," is that a DISEASE CURES ITSELF, and the ITSELF of a disease is its typical symbol in Nature. No man can claim to practice Homœopathy or to be a homœopath, into whose mind this great truth has not shone with the effulgent brightness of a noon-day sun. Similia similibus has been set up by Hahnemann as a sign-post pointing to the wished-

for haven, but its language is not subject to the fitful caprices of subjective interpretations. In the domain of Homœopathy a drug either is or is not in remedial relations with a given disease; all the talk about degrees of homœopathic similarity is childish twaddle and shows how far all such writers are removed from the Holy of Holiest of our Science.

LECTURE LIII.

SULPHUR.

In the year 1828, Hahnemann published his remarkable work on the Chronic Diseases, their nature and homœopathic treatment. This work consists of five volumes, the first volume containing Hahnemann's views of the origin and nature of Chronic Diseases and of their homœopathic treatment, including a number of highly interesting and important remarks concerning the repetition and strength of the medicines to be employed in the treatment of chronic affections; and the remaining volumes giving the pathogenetic effects of these medicines, and as a consequence showing the abnormal pathological conditions where they will act as curative agents.

Hahnemann looks upon the views which he unfolds to the world in the first volume of this celebrated work, as the crowning glory of his great discovery. "Ever since the years 1816 and 17," writes the great Reformer, "I had been employed day and night in trying to discover the reason why the homœopathic remedies which were then known, did not effect a true cure of the above-named chronic diseases. I tried to obtain a more correct idea of the true nature of thousands of chronic ailments which remained uncured in spite of the incontrovertible truth of the homœopathic doctrine; when behold! the giver of all good permitted me, about that time to solve the sublime problem for the benefit of mankind, after unceasing meditation, indefatigable research, careful observations and the most accurate experiments."

Until the nature and treatment of chronic diseases was thus reduced to scientific principles, the treatment of diseases in accordance with the homœopathic law, was not only incomplete, but also unsatisfactory. To be sure, an immense progress had been made over the established methods. In acute diseases, as well as in epidemics and in sporadic fevers, Homœopathy had shown her superiority over the ancient systems of medicine in an incontestible manner. Venereal diseases were likewise treated more safely, more thoroughly and more expeditiously by homœopathic means; secondary syphilitic diseases were unknown under homœopathic treatment which removed the external local symptom by curing the internal constitutional disease by means of specific remedial agents.

"But there remained the chronic diseases, the number of which continued to be immensely large."

But even in regard to these diseases, the homœopathic treatment,

with the means then known, although inadequate, was far superior to the received method of treatment by the usual violent allœopathic means.

"The manner, in which those diseases were treated by allœopathic physicians," writes Hahnemann, "only served to increase the sufferings of such patients. By employing a quantity of disgusting mixtures, compounded by the apothecary out of large doses of violent medicinal substances whose separate effects were unknown, or by using all sorts of baths, violent diaphoretics or expectorants, pretended anodynes and sedatives, injections, ointments, fomentations, fumigations, vesicatories, cauteries, issues, and especially those ever-lasting purgatives, leeches, blood-lettings, and methods of starvation, and the various other fashionable medicinal torments, the disease was either made worse, and the vital energies, despite of the intermediate use of pretended tonics, were more and more diminished; or else, in case a striking change had been obtained, another nameless medicinal disease, much worse and much more difficult to cure than the original natural disease, was substituted in the place of the primitive derangement; whilst the physician consoled the patient by saying that 'the old disease had been happily removed; that unfortunately a new disease had indeed made its appearance, but that he was confident he could conquer this new disease as successfully as he did the former.' And in this way nothing was done except to modify the forms of the same disease, to increase it by the additional sufferings consequent upon the use of improper and noxious medicines, until the complaints of the poor patient ceased with his last breath, and the relatives were consoled by the delusive excuse, 'that every known remedy had been employed in the case of the deceased.'"

"How different," exclaims the discoverer of similia similibus, "is God's great gift, Homœopathy!"

"In the cases of chronic diseases, to which I have just alluded, and provided the patients had not been too much ruined by the allœopathic practice, the homœopathic practitioners, by carrying out the precepts contained in the writings which I had then published, and by following the advice which I had given on former occasions, both in lectures and conversations, did infinitely more good by their treatment than all the previously known so-called methods of cure had been able to accomplish.

"By pursuing the method which I had recommended, and which is much more conformable to nature, the homœopathic practitioners, having in the first place inquired into and noted down all the perceptible symptoms of the disease, were able to remove it by means of the smallest dose of a remedy which had been carefully selected among the most appropriate homœopathic drugs, whose genuine and true action had been ascertained up to that moment. The improvement which was obtained by the homœopathic practitioner, exceeded all that allœopathic doctors had ever been able to accomplish by some lucky inroad upon their medicine-chests; for the cure was often accomplished in a very short time, the patient never was de-

prived of his strength, as is always the case by the allœopathic method of cure, and he was again enabled to enjoy his life.

"The disease yielded in a great measure to a very small dose of the drug which had been found capable of producing upon a healthy person the existing series of morbid symptoms; and, if the disease was not too old, and had not been too extensively mismanaged by allœopathic treatment, the improvement often lasted a good while; so that mankind might deem themselves fortunate on account of the relief thus obtained. Patients who had been thus treated, might have considered themselves almost cured, and generally did so after duly weighing the difficulties of their condition previous to homœopathic treatment, and comparing them with the improved state of health which they now enjoyed."

Still Hahnemann was not satisfied with these results. He found that the chronic disease was not extirpated by this treatment which he regarded as a palliative relief rather than as a radical cure. A momentary paroxysm of the disease might be hushed up, but the fountain from which the many-headed hydra derived nourishment at the expense of the constitution, remained unsealed. Every now and then, during an unfavorable state of the weather, after a paroxysm of emotions, or from some slight irregularity of diet, the chronic malady would break forth, inviting renewed attempts at a radical cure. "This result," writes Hahnemann, "occurred in the treatment of all great, chronic, non-syphilitic maladies, even when it appeared to be conducted according to the precepts of Homœopathy, as far as this science was then known. First, the treatment was satisfactory; then it became less favorable, and finally hopeless."

Let us endeavor to identify ourselves with the mind of the great Reformer at this interesting period of the history of Homœopathy. He felt that he had been laying the foundation of a great work; a work which, in the language of the classic poet, would be more durable than brass, "monumentum ære perennius;" but the superstructure was not yet completed; the internal cohesion of the work required the additional cement of a more deeply-penetrating and more comprehensive science.

To cure chronic maladies safely, thoroughly and permanently, this was the great problem which Hahnemann sought to solve with all the might of his gigantic intellect.

By observing the symptoms of a chronic malady, he found that they generally developed themselves in successive order, and that this development often extended over a considerable period. Hence he concluded that these multifarious and successively appearing symptoms all referred to some hydra-headed monster lying hidden in the inmost recesses of the organism, and that this primitive disease of which the whole series of chronic ailments in the same individual constituted so many external phenomena or manifestations, originated in some *chronic miasm*.

Guided by the thought which thus flashed upon his mind, he soon came to the conclusion that the itch-vesicle was the most universal external representative sign of this internal chronic miasm.

"I had reached this point," writes Hahnemann, "when my inves-

tigations and observations upon non-venereal, chronic patients led me at once to perceive that a previously-existing itch, which they often confessed to have had, was the cause why many diseases that appeared to be separate and original maladies, could not be cured by homœopathic treatment. All the subsequent sufferings were dated from the period when the psoric eruption had manifested itself. In many of these chronic patients, who were unwilling to confess having had the itch, or had been too careless to heed it, or had no recollection of it, I often discovered, by careful inquiries, that vestiges of the itch had shown themselves upon their bodies from time to time, in the shape of small pustules or tetter, as so many infallible signs of the chronic contagion."

"These circumstances, coupled with the fact, that psoric eruptions which had been removed by evil practices or by some other cause, were evidently followed in otherwise healthy persons by chronic ailments having the same or similar symptoms, as had been observed by other physicians as well as by myself, in an infinite number of cases, left no doubt concerning the internal enemy which I had to combat in my medical treatment."

Gentlemen, the conclusion at which Hahneman arrived, appears no baseless fancy, no hypothetical reasoning, but seems the result of logic as lucid and straight-forward as was ever manufactured by metaphysicians. The original eruption, in which the internal disease had, according to an inevitable law of order, terminated upon the skin, having been violently suppressed: the internal disease, in obedience to that same law of order, again sought to establish a vicarious representative upon the skin, in order that the internal organs might be protected against the disorganizing agency of the miasmatic virus lurking in their inmost tissues.

"This internal enemy," continues Hahnemann, " I shall designate by the general term *psora*. It is an internal disease—a sort of internal itch,—and may exist either with or without an eruption upon the skin. Little by little, I discovered more adequate remedies against this internal disease, from which sprang so many sufferings. From the relief which I obtained by their employment in cases where the patient had no recollection of the itch, I inferred that these resulted from a psora which had been communicated to the patient in the cradle, or in some other way, of which he had no knowledge. By carefully inquiring of the parents or old relatives, I discovered that my suspicion was well founded."

It was against this internal psoric disease that Hahnemann sought to discover efficient remedies, to which he gave the general name of anti-psoric medicines, and as he proceeded to experiment with the anti-psorics which had already been discovered, and to investigate their therapeutic virtues with greater accuracy, the conviction became more than ever firmly rooted in his mind, "that the milder as well as the more extensive and even the most inveterate chronic diseases, owe their existence to the psoric miasm."

There is hardly a chronic disease the origin of which Hahnemann does not trace to this psoric miasm. Most cutaneous eruptions; disorganizations, from the common wart to the largest sarcomatous

tumour, from deformed nails to ramollissement of bones and curvatures of the spine; nose-bleed, varices, hæmorrhoids, hæmorrhages, menstrual disorders; night-sweats, chronic diarrhœa or constipation, neuralgia; chronic ulcers and inflammations; marasmus; abnormal conditions of the sexual instinct; mental derangements; hysteria, hypochondria, and even great epidemics, such as the epidemic typhus of 1813, are nothing but "partial manifestations of one primitive psoric miasm, in which they all originate, and whose innumerable symptoms form but one integral disease, and ought therefore to be regarded and treated as part of one and the same derangement." "A few homœopathic remedies," writes Hahnemann, "will cure even an epidemic typhus like that of 1813, in every patient infected with the disease, though each patient may exhibit different symptoms, and may seem to be afflicted with a different malady."

It is well-known that in the epidemic hospital-typhus of 1813, Bryonia and Rhus tox. were the specific remedies for all patients.

According to Hahnemann, therefore, psora is the oldest, most universal and most pernicious chronic miasm, the common mother of most chronic diseases. It is just as tedious as syphilis and sycosis, and is, moreover, hydra-headed. Unless it is thoroughly cured, it lasts until the last breath of the longest life; not even the most robust constitution, by its own unaided efforts, is able to annihilate and to extinguish this enemy.

On the twenty-fifth page of the first volume of the Chronic Diseases, Hahnemann furnishes a short historical sketch of the psoric disease. "According to the most ancient historical writings which we possess, psora existed almost fully developed in the earliest ages of mankind. Several varieties of psora have been described by Moses three thousand four hundred years ago. At that time, however, and ever afterwards, among the Israelites, psora appears to have especially infected the external parts of the body. This was also the case among the Greek barbarians, afterwards among the Arabs, and finally in the uncivilized Europe of the Middle-Ages. It is not my object to relate here the different names by which the various nations have designated the more or less malignant forms of leprosy (external symptoms of psora) by which the external parts of the body became variously disfigured. Names are of no consequence here, since the essence of this miasmic itch is every where the same.

"In the Middle-Ages Europe was visited for several centuries, by the frightful psora of the occidental countries, in the shape of a malignant erysipelas, called St. Anthony's fire. In the thirteenth century it again assumed the form of leprosy. The crusaders brought this latter disease along with them. By this means leprosy spread in Europe more than it ever had done before, for in the year 1226 there were in France about two thousand houses for the reception of leprous patients. Nevertheless, psora spreading farther and farther in the form of a horrible eruption upon the skin, found at least some external alleviation in those means of cleanliness which the crusaders had brought along with them from the East, such as cotton or linen shirts which had been unknown in Europe heretofore, and the frequent use of warm baths. These means, together with an increasing

refinement and more select nourishment, succeeded in a couple of centuries, in diminishing the disgusting appearance of psora so as to reduce the disease, towards the end of the fifteenth century, to an ordinary eruption, the common itch. This milder form of psora infected a far greater number than the leprous patients were able to do, whose frightful appearance caused them to be carefully avoided by every body. The itch-vesicles do scarcely appear, and may be kept easily concealed; but being constantly scratched open in consequence of the intolerable itching, and the fluid being spread over the skin and those things which had been touched by such patients, the infection, being concealed, takes place the more readily and certainly, and affects a larger number. In this way psora has become the most contagious and the most universal of the chronic miasms."

So far we have followed Hahnemann with the most scrupulous exactitude, and here we have his own statement that the modern itch is the legitimate offspring, in direct line, of the ancient leprosy, both the itch and leprosy being the external or symbolic manifestations of an internal, pre-existing psoric miasm. Hahnemann inveighs in the most positive language against the suppression, by purely external means, of the itch-vesicle which he regards as a substitute for the internal disease. "It may be said," writes Hahnemann, "that at least seven-eighths of the presently existing chronic maladies originate in the reckless suppression of this chief external symptom of the internal psoric disease." After mentioning a vast number of diseases, extracted from as many different authors, illustrative of the pernicious consequences of the purely external removal of the itch, Hahnemann condemns this practice in the following emphatic language: "After reading the above cases, no reasonable and inquiring physician will dare to assert that the itch, tinea, herpes, etc., are mere cutaneous diseases which may be unhesitatingly removed from the skin by external applications, because the organism is not affected by them. This kind of treatment is the most pernicious, the most infamous and the most unpardonable malpractice that allœopathic physicians have made themselves guilty of. He who is blind against the wisdom which the above quoted examples teach, wilfully prepares the ruin of mankind."

The internal miasmatic disease and its external symbol are indissolubly united. This is the doctrine of Hahnemann. The external symbol cannot be safely and effectually removed from the skin except by previously extinguishing the internal disease. The contagium may act from without, but if the organism is tainted at all, it is tainted throughout to its innermost depths in the twinkling of an eye. The whole nervous system becomes infected in a moment, and if the infection has once taken place, ablutions, cauterization and even amputation of the part infected are of no avail, and are utterly unable to annihilate the disease, or even to arrest its progress in the internal organism. This is not only true regarding the psoric miasm, but likewise regarding the other two chronic miasms, syphilis and sycosis. In corroboration of this doctrine, Hahnemann instances the case of Petit, the great French surgeon, who cut off a portion of the labia as soon as the first vestige of the syphilitic disease was per-

ceived, in spite of which constitutional syphilis broke out. Hahnemann likewise fortifies himself with John Hunter's opinion as expressed in his work on Venereal Diseases: "Not one patient in fifteen will escape syphilis, if the chancre is removed merely by local treatment; and in another part of the same work, where this great surgeon assures us, that "the local removal of the chancre, were it even accomplished ever so speedily, is always followed by an outbreak of the internal syphilitic disease."

Hahnemann has no idea that the psoric miasm ever disappears of itself. On the contrary, he teaches most emphatically that "the most robust constitution is incapable of annihilating it by its own unaided efforts, and unless it is extinguished by the aid of art, it will last to the end of life." And in order to exterminate this hydra-headed monster, a carefully selected antipsoric remedy has to be relied upon in this most difficult undertaking.

There is hardly an organism existing at the present period which has remained entirely free from the infection of the psoric miasm. It is the presence of this miasm which so often baffles our best directed efforts in the treatment of disease. As long as the psoric miasm is not excited into an active state of development by one cause or another, Hahnemann terms it latent psora, the existence of which, in the human organism may, however, be recognized by certain palpable signs. The itch-vesicle is, of course, the chief and most characteristic sign of the existence of psora. But there are other indications by which the psoric miasm denotes its presence in the organism. Some of these indications are: frequent discharge of ascarides and lumbrici; alternate paroxysms of insatiable hunger and loss of appetite; paleness of the face; sore eyes; frequent nose-bleed; cold and sweaty hands; frequent numbness of the extremities without any apparent cause; frequent paroxysms of dry coryza and stoppage of the nose; soreness of the nose; frequent attacks of asthma; dryness and falling off of the hair; tendency to erysipelas; menstrual irregularities; quantity of phlegm in the throat; bad smell from the mouth; nausea in the morning; constipation; varices of the rectum; itching of the anus; chillblains; peeling off of the skin; frequent boils upon the skin, and a variety of other symptoms.

How does this latent psora act? Let us, with Hahnemann, suppose the case of a young woman who had inherited the psoric miasm from her parents. To all appearances, she enjoys good health. In the third month of her pregnancy she has the misfortune of being upset with her carriage. The consequence of this accident, beside a slight external injury and fright, is miscarriage, accompanied by considerable hæmorrhage which exhausts her strength. In a few weeks she has almost recovered her former strength and health, when the news of a dangerous illness of her beloved and absent sister puts her back in her recovery, and adds to her former disease a multitude of nervous complaints and spasms, which make her really sick. In a little while she receives better news of her sister; at last the sister, perfectly cured, pays her a visit. But the young woman remains sick in spite of these agreeable influences; and, though she may

appear to do better for eight days or a fortnight, nevertheless her ailments return without any visible cause. Every subsequent labor, be it ever so easy; every stormy winter, adds new complaints to her former troubles, or these appear to be superseded by other more inconvenient ailments. In this way the patient becomes affected with an inveterate chronic disease, and it is impossible for us to comprehend why the full vigor of youth, under favorable external circumstances, should not have succeeded in soon extinguishing the consequences of that miscarriage; still less do we comprehend why the evil effects of that sad news should not have become dissipated by the news of the sister's restoration to health, or, at any rate, by the presence of the sister. If it be true that the cause is constantly proportionate to its effects, as is always the case in nature, it is difficult to understand how, in the case of this young woman, the subsequent ailments should not have disappeared as soon as the cause had ceased to act. The continuance of these ailments show that they must have emanated from a much more deep-seated morbific principle, which had remained latent in the system until the above-mentioned contrary events (the miscarriage and the disagreeable news) had excited its action and had roused it into a development hostile to the organism.

Gentlemen, this imaginary case may serve as an illustration to many similar cases which you will often be called upon to take charge of during your professional career. Account for it as you may, you will often find that some trifling cause, a slight jar, a fright, a disappointment in business, will develop some deep-seated and perhaps incurable malady. How often have I been bitterly disappointed, when I first entered upon the practice of our profession, in prescribing for what seemed a simple cold on the chest or a simple sore throat, promising, in the first flush of enthusiastic hope, a speedy recovery; ah, there was the psoric enemy lurking in the back-ground, rushing through the narrow gate which had been opened to its treacherous forces, and developing a train of deep-seated and distressing complaints which it required all my patience and skill to overcome. If the internal psora, which had been kept in bounds by a robust constitution and favorable circumstances, is roused from its latent state and assumes its secondary form of development, all of the above-mentioned symptoms, by which the internal miasm manifests its existence, become more distinct and violent; they vary in different individuals according to constitution, hereditary disposition, education, habit, mode of life, diet, occupation, mental and moral tendencies.

The secondary diseases which Hahnemann enumerates as the result of the actively-developed internal psoric miasm, comprise almost every chronic affection that human flesh is heir to, except venereal and sycosic diseases. The syphilitic and the sycosic miasms constitute the other chronic miasms which, together with the psoric miasm, make up the formidable trio, from which all chronic diseases emanate as from their fountain-head. These miasms may exist isolatedly or unitedly in a human organism. If existing together, Hahnemann advises to first neutralize the psoric miasm by some appropriate

anti-psoric remedy, and afterwards to combat the other members of the group. In his whole professional career only two instances have occurred to him, according to his own statement, where these three miasms existed combinedly in the same organism.

Hahnemann's doctrine of chronic diseases has had ardent partisans and bitter opponents in the homœopathic ranks. His general classification of the chronic miasms under three distinct heads has been assailed by some of the most enlightened practitioners of our School as untenable and unscientific. The fact of his having set apart a whole list of particular drugs as exclusively destined, as it were, to perform the office of extinguishers of the psoric miasm, has likewise excited uncompromising opposition in many minds.

Nobody denies the existence of chronic diseases. What is denied is, that carcinoma emanates from the same source as tubercular phthisis. Why should tinea capitis depend upon the same cause as leucorrhœa; or why should chronic diarrhœa result from the same miasm that causes palpitation of the heart? All these varied diseases constitute, according to Hahnemann, manifestations of one and the same internal psoric malady. This it is that has seemed fanciful to many of our best thinkers. And yet, if we consider this point with unprejudiced eyes, what matters it whether we adopt one or ten thousand chronic miasms? Hahnemann's general definition of the psoric miasmatic disease may not be strictly scientific, and yet his general reasoning concerning the inmost nature of the psoric miasm may be as correct as it is possible in the present condition of human development to be. You must have noticed that Hahnemann accepts the internal psoric miasm as a pre-existing disease. He does not inquire into its origin; he simply infers its existence from its actual phenomenal manifestations in the tissues. Is such an inference logical, or is it simply a blind, speculative hypothesis? I cannot admit this. I look around me, and what do I see? An harmonious humanity? A brotherhood of beings made in the image and likeness of their Maker? or what do I see? Throughout society, all over the globe, we perceive traces that man is not living in unison with those high aspirations of goodness and beauty which move the nobler spirits of our race to great exertions in the cause of man. How is it possible that this universal antagonism of interests; this fierce conflict of opinions and desires; this crushing load of cares which weighs down millions; this insufficiency of means; this universal exposure to the inclemencies of the weather; these many sources of dissatisfaction with one's business or position in the world; how is it possible that these and many similar causes should not have developed in the inmost tissues of the human economy a principle, representative of the disorder existing all around us in the physical, as well as in the intellectual and moral world? If such a principle exist, it must be an internal miasm which may remain latent until called into activity by some adequate exciting influence. Hahnemann looks upon the psoric miasm as a principle more or less analogous to the vital principle; he terms it a semi-vital miasm. If we consider that this miasm is co-eval, as it were, with man's existence upon earth, and that it has perpetuated itself for thousands of

years in the universal human organism, is it strange that it should have assumed a variety of forms which are designated as so many different dyscrasias in the more fashionable language of modern pathology? But as I stated before, whether Hahnemann's magnificent generalization of the psoric miasm is scientifically accurate or not; whether tuberculosis, arthritis, carcinoma, are so many distinct and independent dyscrasias, or different forms of one and the same primitive chronic miasm: the general aspect of the question remains unchanged; which is this: that man being originally intended for a life of spontaneous harmony of all the bodily, intellectual and spiritual powers of his being, has not yet reached this high destiny, *and that the difference between the imperfect actual and the perfect ideal is represented in the physical body by a principle or agent termed by Hahnemann the psoric miasm*, which may perpetuate itself through successive millions of organisms, without its existence being suspected; but which, on the other hand, has entailed upon mankind a host of organic disorders which may likewise, and actually do perpetuate themselves from generation to generation, and are described by pathologists as so many distinct and independent diseases.

This miasm may, in certain conditions of the atmosphere, or under the influence of powerful social causes, such as war and famine, break forth every now and then into some universal epidemic disease, as it did in 1813, in the form of typhus, or more recently in the form of epidemic cholera; in which case some of the more speedily acting drugs, such as Aconite, Veratrum, Bryonia, and so forth, may have to be employed as remedial agents; but against the chronic results of the psoric miasm, tubercles, scrofula, dropsy, chronic catarrh, blennorrhœa, hæmorrhages, cutaneous diseases and a host of other disorders, we resort to the antipsorics as our chief remedies, although it is perfectly proper every now and then to use one of the non-antipsoric remedies as an intermediate agent, if the complexion of the case should render such a proceeding necessary.

Hahnemann speaks of his discovery of the antipsorics as though henceforth the era of therapeutic infallibility had been inaugurated. I am satisfied that the power of these antipsoric remedies has been overrated by the illustrious Reformer. Their physiological action upon the healthy organism is but imperfectly known; the provings which we possess of them, are exceedingly unreliable. Nevertheless, it is my belief that a great truth was shadowed forth when Hahnemann proclaimed the existence of a psoric miasm in the inmost recesses of the organism, and the necessity of exterminating it by specifically appropriate agents. It was natural that the noble old man, in whose soul the fire of genius burnt to the last hour of his triumphal career, should think highly of this his last glorious toil; but we, who enjoy the fruit of his labors, may enjoy it with the discriminating wisdom of men who love their teacher well, but cherish truth no less.

Gentlemen, the antipsorics will often disappoint you, they may as often secure for you a brilliant triumph. In a few moments I shall introduce to you the chief of the series, one which has almost been idolized by homœopathic physicians. Would that I could join in

Hahnemann's "Eureka." I cannot altogether. As it is through man's deviation from the conditions of an harmonious life of goodness and wisdom that the psoric miasm has been introduced into the world, so it will have to be expelled again by his return to a life of wisdom and spontaneous innocence. Until this millennial age dawns upon the world, we may relieve suffering, and we may even diminish the virulence and prevent the further actualization of many chronic derangements; but the sunshine of spotless health must remain a beautiful vision of the poet!

LECTURE LIV.

We have seen that Hahnemann adopts three *Chronic Miasms*, viz.: psora, syphilis and sycosis, the psoric miasm being represented upon the skin by the itch-pustule as its chief symbol; the syphilitic miasm by the bubo and chancre, and the sycosic miasm by the cauliflower-condylomata. We have likewise seen that in speaking of the treatment of these chronic miasms, Hahnemann objects in the most emphatic language to the violent suppression of the cutaneous sign of these miasms, and that he attributes to this suppression, and more particularly to the suppression of the itch-vesicle, that host of chronic maladies under which mankind are now groaning. In a therapeutic point of view it is immaterial whether we agree or disagree with Hahnemann in his views concerning the origin and nature of chronic diseases. For, if we desire to perform a cure, we have to select a remedy that has power to develop a condition in the organism similar to the one which we are called upon to remove. As regards the possibility of extirpating the psoric miasm, if such a miasm exist at all, it cannot be done by artificial means; this must be the result of that progressive refinement, that increase of cleanliness, of universal comfort, peace and genuine liberty, from the cradle up to old age, which it is man's divine birthright to enjoy.

The subject of immediate importance to us all is, to know whether Hahnemann's doctrine of the itch-vesicle being the external or rather the vicarious symbol of an internal disease, is correct. If this be correct, then all removal of the psoric eruption by artificial means becomes not only an unjustifiable, but even a criminal proceeding; if it be not correct, then it is our sacred duty not only to repudiate, but to utterly blot out such a doctrine from the records of our School.

From time immemorial Sulphur has been considered a specific remedy for the itch. Celsus proposes several kinds of ointment by means of which he imagines the itch may be cured. One of these ointments consists of Sulphur mixed with tar; others contain copper. The oldest physicians already used warm sulphur-baths against the itch, as is the custom now. The eruption generally disappeared by these means. But subsequent ailments showed already then that the patients did not always recover. An Athenian, for instance, was attacked with anasarca on account of having removed his itch by

using the warm sulphur-baths upon the island of Melos (now Milo). He died of this disease three hundred years before Celsus, as is reported by the author of the fifth book Epidemion, which is attributed to Hippocrates.

Modern physicians employ Sulphur against the itch in the same manner as it was used by the physicians of olden times. One of the most common ointments against the itch is the ointment of Jasser, consisting of sulphur, olive-oil and the sulphate of zinc; fumigations of sulphur are likewise resorted to as a favorite means of removing the eruption. You may have heard of the method employed by Autenrieth; he dissolves a portion of the sulphuret of potash in eight, twelve, or twenty parts of water, and he washes the patient with this solution by means of a sponge, which had been previously dipped in warm water.

This mode of treating the itch was based upon the supposition that it is a purely external disease; the doctrine of repelled itch was either unknown or ignored previous to the time of Lewis Christian Juncker, who published in the year 1750, in the city of Halle, in Germany, his treatise on "the injuries resulting from repelled itch." Hahnemann quotes this experienced and candid observer as one of his authorities against the propriety of suppressing the external psoric eruption by artificial means. Autenrieth, although advising the wash with a solution of the sulphuret of potash, likewise condemns the violent suppression of the itch as a most mischievous expedient. He employed this wash not as a means of suppressing the eruption, but as an aid to a suitably-conducted internal treatment.

In the middle of the sixteenth century, an Italian, Redi, started the doctrine that the itch was caused by a little insect termed the acarus psoricus or sarcoptes hominis. His view and representation of the insect were admitted until modern times, when attentive observation showed that this acarus is a morbid product, not the cause of the disease. Hebra, of the University of Vienna, maintains most strenuously that the acarus is the cause of the eruption; but other great observers take a totally opposite ground, and show, by what seems to them a conclusive demonstration, that the itch is an internal disease. According to Schœnlein, the existence of the acarus in the itch-pustule is problematical to this very hour. Alibert failed in demonstrating his acarus of which he exhibited a representation We know that acari occur in the itch-pustules of animals, dogs, sheep, swine; but their existence in the human itch-pustule is doubted by many distinguished observers. Some have mistaken the acari of cheese for the sarcoptes hominis. Adams and others believe the pretended acarus to be indurated secretion. Rayer, in his treatise on Diseases of the Skin, observes that it is indubitable that the number of these insects bear no proportion to that of the vesicles. "It is further," he adds, "rare to discover these insects on the abdomen and on the groins, where the eruption of scabies is nevertheless very common and very apparent; moreover, scabies is known to continue when no more acari are to be discovered." Adams states that "the late Mr. Hunter, in his lectures and conver-

sations, always acknowledged that he could never discover the itch-insect, and went so far as to suspect that the opinion concerning its existence was derived from a preconceived theory, and supported by credulity."

But let us accept the existence of the acarus as a demonstrated fact. In this case, the question arises: Is this animal the cause, the effect or a mere accompaniment of the itch? It is either the cause or an effect of the disease. Let us examine this subject, not with the microscope of sense merely, but with the microscope of common sense, and what do we find? We find that, as we ascend in the past life of humanity to its very beginning, we come to a period when man led a pure and holy life. Sin had not yet tainted his organism, and the itch or the itch-insect was unknown. He certainly was created with a capacity for disease, which circumstances might develop into an active condition of the organism; but as long as man lived in accordance with the divine commandment, he enjoyed perfect health; disease did not become a manifest, observable state of the human organism, until man violated the laws of Divine order; then it was that disease became one of the consequences of his transgressions. Now, then, if disease originally existed as a potential principle, not as an actual condition, there could not have existed any perceptible phenomena of disease; hence the acarus could not have been, unless we choose to believe that the Creator had hidden it in some mysterious crypt in the human hide, or in some secret nook of paradise, subject to His almighty command to jump forth and inflict the itch upon man at some remote period of his history, as a punishment for sin. Gentlemen, let us not abjure common sense in our endeavours to discover the causes of disease. The microscope has revealed to us the existence of the itch-mite, but no microscope can reveal to us the relation which this parasite holds to the eruption. This relation has to be established by sense and reason. I can very well understand that the acarus should be a morbid product, and I can admit that this acarus should, in its turn, become the carrier, as it were, of the itch-miasm; but there is a principle or force back of all these visible manifestations of disease; these supra-sensual or, as Hahnemann terms them, semi-vital principles or forces of disease will escape microscopic observation as long as our organ of vision remains subject to the common laws of optics.

If the acarus were the primary cause of the itch, why should this disease develop itself in such a uniformly characteristic manner? I am speaking of the common vesicular or lymphatic scabies. The itch vesicles are first seen on the fingers, in the joints of the hands and at the anus. The eruption frequently remains confined to these parts for weeks, before it spreads over the trunk. The face is never invaded by this eruption, though the whole body should be covered with it. This certainly would seem to show that the acarus has some regard for the seat of man's glory, or else that it looks upon the human phiz as too contemptible a thing to select it as the theatre of its operations.

In another form of scabies, the scabies papulosa, the eruption does

not touch the hands at all in a large number of cases; it is mostly seen on the back, upper arms, thighs and abdomen. I am not prepared to assert that the acarus has been seen in this form of the itch; if it has not, the absence of the acarus in papulous scabies would certainly be calculated to excite our suspicions in regard to the little monster's identity in vesicular scabies. The truth is, the more closely I examine the doctrine of the itch-mite, the more thoroughly am I convinced that this parasite, if it exist at all, is a mere morbid product which may, in its turn, become a carrier of the itch, but which cannot be regarded as the primary cause of this loathsome eruption.

Regarding it as an established fact that the acarus transmits the itch from one individual to another, it is on the other hand equally certain that this transmission would be impossible but for the constitutional receptivity implanted in the human organism from creation. It is this receptivity, this potential disease which is fecondated or actualized as it were, by the acarus, and which is made manifest to the understanding in the loathsome form in which it now appears to us. We can understand that the acarus, being the original morbid product of the itch-force, may excite the disease, just as the Belladonna-plant, being the natural product of the Belladonna-force, may excite the Belladonna-disease. If these diseases are roused into actual forms, it is in consequence of the action which an inseminating principle, such as the acarus in the case of the itch, exerts upon the latent constitutional tendency or predisposition.

This relation between an external factor—the active, inciting, inseminating or male principle—and a corresponding internal state, tendency or potency—the passive or female principle as it were—is very significantly alluded to in the following paragraphs contained in the Introduction to Trousseau and Pidoux' treatise of Therapeutics and Materia Medica. Expounding the absurdities of therapeutic eclecticism, they conclude their brilliant criticism with the following deeply-philosophical argumentation:

"To impress the living organism, is not to be understood in the same sense as when we press a seal upon wax which passively receives the impression; by impressing the living organism we understand that, in some part thereof, phenomena are excited which, in a superior range or order of action, are representative of the phenomena inherent in the special object that excites the impression. Thus the image which is physically impressed upon the retina, does not constitute vision, but the exciting cause thereof. This image or impression excites in the nervous substance corresponding inherent properties, but of a superior order, capable by virtue of an inherent, essential, spontaneous power, of seeing themselves as it were. When we see an object, do we see it in itself? No indeed. What we do see, is ourselves, our own nervous organism modified, excited by this object. Such is the essence of every vital property.

"What we have said regarding vision, is equally applicable to every other external or internal sense, the senses of taste and digestion as well as those of sight and hearing. Our remarks are likewise applicable to the senses of nutrition, sanguification, to the chemical

as well as physical senses, or, in other words, to the organs spontaneously percipient of the chemical, as well as to the organs spontaneously percipient of the physical properties of the external world.

"These external properties, by acting upon corresponding internal, inherent states of vitality, excite them into analogous manifestations. Such is the relation of the macrocosm to the microcosm, which has been dimly foreshadowed rather than clearly defined by Paracelsus and the philosophers of antiquity."

How strange that the men who have penned these paragraphs, should not have a full perception of the doctrines of the Homœopathic School! Do not the statements contained in these paragraphs simply imply that the disease which has been made manifest to the observing sense, is primarily a state, a tendency, an inherent predis position, a formless potency? Do they not imply that this potency, this inherent, essential receptivity, can only be made manifest to itself by being acted upon by a principle analogous to its own nature? This principle is a morbific force which may exert its influence either directly from within as an immaterial, dynamico-spiritual agent, or indirectly from without, through the instrumentality of a drug, its material embodiment. In the case of the itch, the acarus acting as a carrier of the itch-miasm or itch-force, excites the internal disease into a corresponding outward form.

If Trousseau and Pidoux have perceived the bearing of their own argument, and if our own mode of reasoning is correct, we assert, in the face of the materialistic views now prevalent concerning the itch, that this disease is an internal malady, and that the destruction of the acarus is not necessarily succeeded by the disappearance of the constitutional disease, any more, on the other hand, than the removal of the eruption by means of the sulphur-ointment or the sulphuret of potash is necessarily followed by the development of some secondary constitutional malady.

Let us examine this subject more fully.

We have shown that the itch is an internal malady. There is, however, this difference between the itch viewed as an internal malady, and other internal maladies: that the itch results from the indirect action of the itch-force, through the acarus, upon the internal inherent potency, or receptivity, whereas other internal diseases are the offspring of the direct action of specific morbific forces upon corresponding internal states of the organism. Taking this view of the development of the itch, this malady is both internal and external; either element may predominate, according as the internal receptivity is greater or less. It is the keen eye of a judicious observer which has to determine this difference. If the internal receptivity is inconsiderable, and the infection has moreover taken place so recently that the reciprocal relation between the external disease and the internal receptivity is but slight, and easily severed, it is more than probable that the removal of the eruption by local means may be tantamount to reducing the itch-disease back again to a state of passive potency. On the contrary, if the internal receptivity is sufficiently intense to become transformed into a constitutional disease, the external eruption cannot possibly be removed

by local means without developing a secondary morbid process in some other organ or tissue, of more vital importance, in the place of the original eruption.

Schœnlein, the distinguished professor of clinical medicine in the University of Berlin, than whom no man in Europe enjoys a higher reputation as an acute observer, a thorough diagnostician and a comprehensive reasoner, informs us in his published lectures that, if papulous scabies is repelled by ointments, washes, or by any other cause: asthma, nervous apoplexy, dropsy, generally ascites or chronic hydrocephalus, set in as the consequences of such suppression; "such secondary affections," says he, "are always difficult to cure; for we scarcely ever succeed in restoring the eruption upon the skin."

Speaking of vesicular scabies, he likewise alludes to the extreme danger of suppressing the eruption in such cases. "If the eruption is repelled," writes the distinguished Professor, "secondary affections set in. In the case of young people, at the age of pubescence, the violent suppression of the eruption is particularly dangerous. This danger is so much greater, if the disease had developed itself spontaneously, not as the result of external infection." (I may here observe that in districts where the people eat quantities of sour cheese, in high situations, such as parts of Switzerland and Tyrol, the itch is much more common than among people who indulge in a more rational diet, or who live in marshy or level districts.) Among the secondary ailments which develop themselves as the result of an unnatural suppression of the itch, Schœnlein enumerates vertigo, rheumatism, amaurosis, paralysis, neuralgia of the extremities and abdominal nerves, epilepsy, chlorosis, mania, inflammation of the joints, more particularly of the hip and knee-joint, tuberculosis of the lungs and stomach.

Speaking of the treatment of the itch, Schœnlein continues: "Regarding the treatment of this disease, the greatest antagonism seems to prevail among doctors. In modern times, the notion that the itch is nothing but a local disease, and that the removal of this local symptom is identical with the cure of the disease, has transgressed all bounds. Unfortunately this theory has not been confirmed by experience. There are cases where the itch can be suppressed without injury to the patient; but as yet we have no criterion when this may be done safely; hence any violent suppression must be considered dangerous, unless we are positively certain that the disease has only lasted a short time and is the result of external infection."

These are the teachings of one of the most distinguished Professors of Europe, whose range and powers of observation are at least equal to those of any man living. Schœnlein is looked upon by the homœopathic physicians of Europe as a sort of mediator between the Old and New Schools; it is certainly true that there is no medical author living whose works can be read with more pleasure and profit than those of this eminent teacher.

Schœnlein gives the preference to Autenrieth's method; he considers it perfectly safe. It does not aim at a violent suppression of

the eruption, but it meets the twofold condition of a cure, that of destroying the acarus and neutralizing the internal disease. We accomplish the former by washing the patient with a solution of the sulphuret of Potash, and the latter by giving Sulphur internally.

There are other diseases which develop animalculæ as morbid products. In tinea capitis, pediculi are very often generated to excess. Visceral entozoa are morbid products. Tænia is a morbid product.

We are told that the itch never gets well of itself. Schœnlein, Hahnemann, Autenrieth, and other observers, inform us that this disease may last to the end of life unless met by adequate treatment. It may seem to disappear for a while, but it will break out again under favorable circumstances. If this be so, how do we account for the cure of the itch, in our practice, by means of the 30th potency of Sulphur? Unless we choose to give the lie to those who have reported such cures, we must believe them. I have never succeeded in curing the itch with the 30th potency of Sulphur; but I have cured it again and again with nothing but Sulphur used internally. In one family of seven persons, the disease was caught from a young woman who had just arrived from ship-board. It was a sort of tubercular scabies. The finger and toe-joints, and the elbow and knee-joints, were swollen, rigid, of a fiery-red, and thickly studded with vesicles and here and there larger pustules. The burning itching was intense. I prepared an infusion of Sulphur, one ounce of the pure Sulphur to a quart of water, of which they took a tablespoonful morning and evening, sweetened with sugar, the children only half the quantity. In a few weeks they were perfectly restored. Of course the usual precautionary means, as regards cleanliness, constant change of linen, ablutions and careful diet, have to be observed in every case. In this case, and in all similar cases, the acarus, if there was any, must have been destroyed by the dynamic action of Sulphur, or rather the acarus being a mere product of the disease, it necessarily became extinct with the disappearance of the internal malady.

Again, we have any number of cases among our records, where a patient had been treated with Sulphur-ointment and fumigations of Sulphur for months without being cured, and where a few globules of Carbo vegetabilis, Sepia, or even of highly-potentized Sulphur, would afterwards effect a speedy and thorough cure.

And it is a fact which has been demonstrated beyond the shadow of a doubt, that the destruction of the acarus is not necessarily followed by the disappearance of the itch-disease. Caustic potash, for instance, will destroy the acarus, but it may not cure the disease.

The most distressing cases of vesicular scabies have been cured by nothing but the internal use of Mercury. I have already alluded to the case of two young ladies who were infected at school, and who were covered with the most loathsome itch-sores. The internal use of the 6th potency of Mercury cured them thoroughly and permanently.

To sum up, I believe that it is the opinion of all intelligent and

carefully observing homœopathic physicians of the present day, that

1. The itch is an internal disease;
2. That the external eruption is not merely a local symptom, but the representative manifestation of an internal malady;
3. That the destruction of the acarus alone does not necessarily imply the cure of scabies;
4. That a cure of the disease is best effected, in all recent cases, by the proper use of both external and internal means;
5. That the external means should simply aim at a destruction of the parasite, not at a violent suppression of the eruption, and that the cure of the real malady, and the consequent removal of the eruption, is accomplished by the use of internal means; and that
6. The violent suppression of the eruption may be followed by distressing, dangerous, inveterate and even incurable secondary ailments.

Behr, the greatest oculist of the past century, who was Professor of ophthalmic surgery in the Medical School of Vienna, this hot-bed of modern materialism, relates a case of amaurosis which came on in consequence of a violent suppression of the itch. He treated the patient with Sulphur internally, in doses of one-sixteenth of a grain, and the man's sight was perfectly restored. I am unable to say whether the eruption was brought out again; but I think it was.

Hahnemann scouted the very thought of external applications when he first developed his doctrine of Chronic Diseases. At a later period, he permitted the external use of a homœopathically indicated remedy on parts which had remained free from the eruption. Let us proceed cautiously in introducing changes or pretended improvements in our mode of treating diseases. Of Hahnemann's original rules of treatment hardly one is followed by modern practitioners. Who treats a case of syphilis now by giving a single globule of the 30th potency of Mercurius solubilis, and no more, as Hahnemann advises? or who treats a case of scabies with a single globule of the 30th potency of Sulphur, as he again advises us to do? We have learned by abundant experience that we can do better in many cases, and that unless we sometimes acted differently, we should not be able to cure our patients. But in spite of this incompleteness in the teachings of Hahnemann, there is a great deal in his doctrine of the psoric miasm that is suggestive to a religious and philosophical mind. The human mind will naturally inquire into the causes of things: and our men of science fancy that the microscope and the crucible will reveal to them the "ultima thule" of all knowledge. Let them go on, they will come to a dead halt just as surely as the atmospheric air is a vehicle, but not a principle of vitality. Against this tendency to a materialistic view of things, Hahnemann was opposed with all the force of his genius. Hahnemann was an eminently spiritual thinker. Our modern men of science are not. Materialism is the order of the day. The Creator has been dethroned; man is the God of Nature. He has made himself a microscope through which he tries to have a peep at the omnipotent Spirit as he weaves with his

invisible threads the glorious tissues of Creation; and he expects to inform the Eternal Weaver some time or other that his Universe is all gas; that modern science has revealed Him as the leading Chemist of the Age, and that the acarus is the cause of the itch.

Gentlemen, disease does not affect the inmost soul; it invades the material tissues, without, however, being a material thing. This material view of disease is rejected by Hahnemann and by all rational thinkers. You may not accept his doctrine of the psoric miasm; but there is something deeply suggestive in the thought that the disorder which underlies the whole mechanism of society and taints more or less every manifestation of the varied forces of life, is represented in the human organism by a potential principle of disease or rather by a capacity for disease which may remain undeveloped in millions of organisms, but may, in millions of other organisms lead to the development of positive suffering. Let me offer a suggestion. If Hahnemann is so entirely wrong, how will you understand the fact that a globule of Aconite can effect as mighty a change in the tissues as we know it often does? There must, in the first place, pre-exist in the human organism a receptivity for the action of Aconite. Chemical analysis or microscopic observation may not reveal this immaterial fitness in the tissues to be impressed by an infinitesimal globule of the Aconite-poison; but it exists, and if this susceptibility is roused into an actual condition of suffering, this condition will be found characterized by the very symptoms which the Aconite-poison as embodied in the Aconite-plant, is capable of producing in the healthy body. From the notes with which Hahnemann's writings are interspersed, I infer that he believed in the existence of morbific forces which, acting upon corresponding states of receptivity in the human organism, develop these states into actual conditions of suffering, which conditions are characterized by symptoms analogous to the effects developed by drugs in the healthy organism. I have explained in previous lectures that I look upon drugs as products of the same forces which, by their action upon receptive organisms, develop the abnormal conditions which we term diseases. By what process these agents effect the neutralization of diseases, it is the business of further observation to determine with scientific accuracy. For the present I am inclined to believe, as I have endeavored to explain, that a principle of attractive affinity will account for this methodus medendi.

Gentlemen, if I have explained myself clearly, you are now in possession of every definition that bears, in my own mind, upon the theory of Homœopathy. I cherish no effort more dearly than to read Homœopathy in Nature and to construct the homœopathic doctrine out of the living fountain of man's own untrammelled reason. I would ask you to follow this example. In the domain of medicine you have an unknown world of new ideas before you. Explore it fearlessly, but cautiously and humbly. Be on your guard against the fascinating materialism of the day; have every reverence for the recent achievements of material Science; but shun her materialistic view of the causes of things. When our scientific men draw conclusions and beget theories having for their object an explanation of the

phenomena of life by means of material laws, they seem to me like wire-puppets upon the stage, playing pranks in the presence of Eternal Reason. Let us avoid fanatical exclusivism as well as all meretricious affiliations with the idols of material science, and just as surely as truth is the ground-work of Nature, just so surely may we hope that our men of science will sooner or later worship in the very temple where *we* have found the means of well-doing.

LECTURE LV.

In my last lecture I have endeavored to set Hahnemann right before you in regard to his celebrated doctrine of psora. I have endeavored to show that *psora*, in Hahnemann's mind, typifies an hereditary condition, the existence of which, in the human organism, is coëval, as far as historical records bear us out, with the existence of the human race. I have endeavored to show that this hereditary condition represents, in man's physical body, the difference between the sinfulness of the actual, and the holiness of the ideal life which it must have been the original design of the Creator, man should lead; I have endeavored to show that *psora* exists, in man, as a potential principle of disease which may remain latent in millions of organisms, but which, in many other millions, may be excited, by the operation of particular causes, into actual manifestation in the shape of numberless chronic ailments; I have endeavored to show that epidemic diseases, typhus, cholera, small-pox, and so forth, constitute so many acute paroxysms of development of this inherent potential principle of disease; that this principle constitutes a germinal fitness, a predisposing taint which, through the operation of specific forces acting like so many inseminating principles in certain abnormal conditions of atmosphere, of mode of life, exposure, mental or moral excitement, may become an actual disease, as the seed slumbering under ground, is quickened into life by the vivifying sunbeam in suitable conditions of soil, air and moisture. And finally I have endeavored to vindicate Hahnemann, this discoverer of a universal law, the effect of which, upon man's progression towards a life of stainless beauty, few of us suspect and still fewer are able to predetermine in their own minds: I repeat, I have endeavored to vindicate Hahnemann from the childish imputation that he regards the suppression of the itch-vesicle as the immediate source of most chronic diseases. Those who state his great doctrine in this petty, technical manner, overlook the universality of the principle involved; they reduce the fruitful and comprehensive conception of a gigantic intellect to the contracted matter-of-fact perception of an ordinary pill-vender. Seal up all such defaming lips by referring the idle gossips to first principles; teach them that Hahnemann's Psora means first, an inherent *receptivity* for disease, which no Professor of natural Theology could deny without stultifying himself before an intelligent audience; or it may be said to represent the

female principle in the process of generation, which has to be acted upon by a male or seminal principle, in order to produce an actual disease; nor can this production of diseases be effected; in other words, the female principle cannot be fecondated, except in favorable conditions, favorable to the growth of evil, but abnormal with respect to the physiological laws of the organism. These seminal principles constitute disease-begetting forces which the cosmic psoric miasm represents in their totality as it were, as their common mother or central focus from which the specific principles or forces of disease emanate as so many distinct manifestations, each represented in the drug-world, by one of those agents which Hahnemann has designated by the term "*anti-psorics.*"

If I have been at all able to cast a glance into Hahnemann's mind, I would say that this is the proper construction to be put upon his great doctrine of the psoric miasm. It involves no more nor less than an investigation of the primary causes of disease. Accidental errors in the details of his doctrine do not invalidate its general correctness. The psora-doctrine of Hahnemann has been assailed on all sides by thoughtless men as well as by men well versed in the material sciences. But little is as yet known of the world of causes. It is owing to this scantiness of knowledge that Homœopathy has remained an empirical science, and that our progress is due more to our successful treatment of diseases than to the inherent superiority of our principles. But a knowledge of the causes of things is being revealed to us more and more; and, when this revelation shall be complete, the inspirations of Reason will be confirmed by the evidence of Fact.

To return to Sulphur. This agent being considered as the chief antidote to the psoric miasm, there was a time when no case of chronic or even sub-acute disease was treated without a dose of Sulphur being put in, every now and then, for the purpose of annihilating the supposed psora. This was an abuse of which homœopathic physicians are no longer guilty; we give Sulphur now, in accordance with our great law of cure, in cases to which its homœopathicity is well established. Hence, if we give Sulphur for the itch, it is because it develops in the dermoid tissues a process similar to the morbid process which is going on in this disease.

Allœopathic physicians very generally employ a Sulphur-ointment in the treatment of all recent cases of the itch, for the purpose of destroying the acarus, after which, if any sores remain, they will readily heal under appropriate treatment as any other common sores. Very many homœopathic physicians advocate and pursue the same course, giving at the same time Sulphur internally.

Hahnemann proposed to treat the itch with a single globule of tne thirtieth potency of Sulphur. He insists that every case of scabies will yield to this treatment. I doubt whether there is a homœopathic physician living who contents himself with this scanty medication. As a general rule I believe it to be an established fact that in all recent cases of the common or vesicular scabies, large doses of Sulphur are far more certain to cure this loathsome disease speedily

and radically than small doses. In this respect we should drop all prejudices, all dogmatic adherence to theories; much mischief has been done by such conduct.

Some physicians cure the itch by scattering an ounce of the flowers of Sulphur in the patient's bed every evening. By this means the eruption may be removed in from three to four weeks.

If you deem it proper to resort to the ointment, it is of the utmost importance to the success of the treatment to first cleanse the skin of all impurities by washing the patient all over with soap-suds two or three times. This may be done in the afternoon and evening, and next morning the following ointment may be rubbed upon every part of the body, except, of course, the face, which is never invaded by the disease: sublimed Sulphur, one part in weight; carbonate of potash, half this quantity, and common hog's lard four parts. Some of this ointment may be rubbed in, in a tolerably warm room, every six hours. In the evening the soap-suds may be resorted to. By pursuing this course for a few days, and giving Sulphur at the same time internally, there is hardly a case of genuine scabies that does not yield to this treatment. Internally, the Sulphur may be administered in combination with common loaf-sugar. I take one part of purified sulphur and five parts of the best loaf-sugar in weight, and rub them together for half an hour or more, until a homogeneous mass is obtained, of which I administer five grains three times a day.

In the Paris hospitals the use of the Sulphur-ointment is very generally resorted to in the treatment of the itch. Dr. Trousseau, who is Clinical Professor in the University of Paris, and who seems to observe and class morbid phenomena from the same point of vision with Professor Schœnlein of Berlin, has been so frequently mentioned in the course of these lectures as a liberal-minded and eminently philosophical thinker, that it may not be uninteresting to homœopathic physicians to be acquainted with his views regarding the treatment of scabies. I extract the following statements from his treatise of Materia Medica and Therapeutics:

"Sulphur has enjoyed a somewhat extravagant and unmerited reputation in the treatment of divers tetters. We do not mean to deny the therapeutic powers of this agent altogether; but experience has demonstrated that Sulphur is really useful only in a small number of chronic cutaneous diseases. Several kinds of Sulphur-ointment have sometimes rendered good service in the treatment of moist tetter; but in dry tetter these preparations scarcely ever effect any good result. There exists, however, one cutaneous disorder which yields to no drug better than to Sulphur.

"The probability is that the curative virtues of Sulphur were first suspected when workmen who were employed in extracting or purifying Sulphur, or in reducing metals, the ores of which contained a quantity of Sulphur, were speedily cured of the itch, if they had this malady before engaging in this business, and that they remained free from the disease after handling Sulphur-ores. Simple Sulphur-ointment suffices in most cases to cure the itch. Chaussier, and his

imitator Brachet of Lyons, substitute for the ointment the simple flowers of Sulphur with which they strew the bed of the patient every evening just before bed time. By this means a cure is effected in three or four weeks. It is more particularly alkaline sulphurets that are employed in treating the itch, whether these sulphurets are used in the shape of baths for two or three weeks, or whether the liniment of Pihorel is rubbed upon the palms of the hands, or whether we employ the much more expeditious method which is now generally resorted to in the Hospital St. Louis, and in the Children's Hospital of Paris. This method is the following, and is claimed by several physicians as their own suggestion.

"Hebra of Vienna, Bazin of the Hospital St. Louis, and Drs. Legrand and Millot of Mello, in France, have insisted upon the particular method of employing Sulphur as a remedy for the itch. Legrand and Millot take half a pound of lard, an ounce of the flowers of Sulphur and a quarter of an ounce of sea-salt. The day previous, the patient takes an alkaline bath, and on the day following the patient rubs himself with one-fourth of the above mentioned ointment. This friction has to be made over the whole body. On the morning following, the patient takes a bath, and his clothes are put in an oven in order to destroy the acari and their eggs, in case any should have remained adhering to the clothes. A single day is sufficient to complete the treatment.

"Bazin's treatment differs from that of Drs. Legrand and Millot only by the nature of the ointment which they employ. Bazin's ointment is composed as follows:

"Sesquicarbonate of potassa, one part;

"Flowers of Sulphur, two parts;

"Lard, eight parts.

"In the Children's Hospital of Paris we have pursued Bazin's method with complete success; the general friction was practiced two days in succession; the third day a Sulphur-bath was administered, and on the fourth day we sent the patients home again, after having administered to them previously a second Sulphur-bath. By way of precaution we gave them 30 scruples of the flowers of Sulphur to take home, of which they were to scatter a dessertspoonful in their beds every evening before retiring.

"Dr. Hardy has happily modified the treatment of the physicians whom we have named. As soon as the patient is received in the hospital, he is washed all over with brown soap. This rubbing lasts from twenty to thirty minutes; after which he is placed in an alkaline bath for about an hour. On leaving the bath, the whole body is rubbed with Bazin's ointment, known as Helmerich's; this completes the treatment; that is, the acarus is destroyed, and the remaining ulcerations, papulæ or pustules are treated like any other ordinary non-infectious cutaneous malady.

"Some physicians only give Sulphur internally, in order to avoid a sudden suppression of the eruption. In such a case, Sulphur is given in very large quantities. This exclusive internal use of Sulphur does not seem to us judicious, but may be advantageously associated with external applications.

"However much we dread the too sudden disappearance of an eruption which is evidently the expression of a constitutional affection, we do not, on the other hand, hesitate to employ the most energetic local applications in cutaneous affections which are not connected with the general health, and only result from some local irritation or external contagion. But if, in such a case, the disorder has become habitual; if the constitution seems to have accommodated itself to it; if the general health had improved since the development of the cutaneous affection, a rigid caution should be exercised in treating the eruption; the disorder should be treated slowly, and purgatives, issues and a suitable regime should likewise be employed."

The practical wisdom with which these last paragraphs are replete, will not be lost upon homœopathic physicians. The purgatives and issues are obligatory adjuncts of treatment, without which no revulsive bill of fare in an allœopathic cook-shop could possibly be arranged according to the rules of Art. They may be dispensed with.

The Vienna Provers' Union has instituted reprovings of Sulphur, which may be said to constitute one of the most brilliant and instructive pages in our Materia Medica. These provings were instituted with massive doses of one hundred to two hundred grains of the crude substance, and likewise with the attenuations. Among the effects obtained, the following point most unmistakeably to the homœopathicity of Sulphur to vesicular scabies.

"Itching from the hips to the toes after getting warm in bed, especially in the bends of the knees, with a pleasurable feeling after rubbing; on the parts rubbed small pimples started up which discharged a fluid from their tips, whereupon the itching ceased, but returned the following night."

"Eruption in the bends of the elbows and on the wrists, which the prover feared might be the itch."

"Itching in the bend of the right elbow; a moisture is exuded from the scratched parts."

"Pimples between the left thumb and index, burning like fire when scratched."

"Itching vesicle between the index and middle fingers, resembling in all respects an itch-vesicle."

These symptoms evidently refer to vesicular scabies. Sulphur is likewise in homœopathic rapport with papulous and tuberculous scabies, where the joints may swell, become indurated, burn and itch a great deal. In a family of seven persons every member of the family became infected with this sort of itch through a servant girl. The toe-joints were swollen and ulcerated; the finger joints likewise, and the wrists, forearms and elbow-joints looked fiery-red, were hard and swollen, itched and burned furiously and seemed dotted with an innumerable multitude of fine vesicles. The patients were radically cured with Sulphur-water, obtained by shaking a pint of water three times a day with half an ounce of the flowers of Sulphur. A tablespoonful of this water, properly sweetened, was given three times a day, taking care to allow the Sulphur to settle before a dose of water was administered."

Sulphur having such a specific action upon the skin, we may naturally expect to find a number of cutaneous eruptions represented among the Sulphur-symptoms.

Sulphur causes pimples, vesicles, blotches, scaling off of the epidermis, erythematous patches upon the skin, spots, boils, aphthæ, in various parts of the body, on the forehead, in the face, on the lips, upon the extremities.

Sulphur is likewise distinguished for causing an itching and burning on various parts of the body, upper arms, legs, back.

Sulphur has caused tinea capitis, ulceration of the nails and thumb.

Sulphur has likewise caused scirrhous tubercles, swelling of glands, ulcers.

Hence we prescribe Sulphur in various herpetic eruptions, such as:

Herpes Humidus over the whole face;

Herpes Squamosus on the forehead;

Dry Herpes over the whole body;

Herpes Crustaceus, with thick, yellow, greenish crusts;

Herpes Furfuraceus;

Herpes Phagedenicus, with emaciation and evening-fever;

Herpes Phlyctænodes, clusters of small vesicles filled with a serous fluid, upon an inflamed base, increasing to the size of a dollar, forming irregular, circumscribed spots, separated from each other by sound skin; they appear principally on the extremities, itch and burn, and either discharge a fluid, or else become covered with thin, white scales.

We also prescribe Sulphur in

Tinea Capitis, scaldhead, both humid and dry, but more particularly the dry form. Professor Zlatarovich, while proving Sulphur in massive doses of one hundred grains of the crude substance, was freed for a long time from the scaly scald-head with which he was afflicted. Another prover was cured of

Psoriasis Discolor, a disease of the epidermis which peeled off in the form of yellowish scales. This most annoying affection likewise disappeared while the Sulphur was being proved in massive doses.

Sulphur has been advantageously employed in

Scrofulous Indurations of the submaxillary glands, and in

Chronic erysipelatous inflammation of the skin on the arms, legs, and in the face, characterized by burning, itching and desquamation of the epidermis.

In *Acne Rosacea*, Sulphur may be useful; likewise in

Mentagra or the barber's itch.

Hepatic or liver-spots, may frequently be favorably acted upon by Sulphur.

Sulphur should not be forgotten in the soreness of children, or

Intertrigo infantum, especially in inveterate cases, if a scrofulous diathesis is evident.

Sulphur has developed tubercles of a scirrhous hardness, in the lower lip and tongue; hence it is eminently proper, to prescribe Sulphur in

Scirrhus of the lower lip and tongue. In the treatment of

Ulcers which bleed readily, secrete a fetid pus, and burn and itch a good deal, Sulphur proves very valuable, especially if the breaking out of these sores can be distinctly traced to the presence of scrofulosis. In other words it is in

Scrofulous Ulcers, and likewise in

Varicose Ulcers that Sulphur manifests fine curative powers. We shall see shortly that Sulphur acts specifically upon the veins, embarrassing or clogging the venous circulation. Hence in the treatment of

Varicose Veins, Sulphur cannot possibly play an unimportant part; consequently in varicose ulcers, it must exercise healing powers by removing the torpor of the vessels and restoring the irritability of the capillary tissue.

The *Osseous Disorganizations* to which the scrofulous element frequently leads, even

Rhachitis, almost invariably require a dose of Sulphur every now and then. This agent has likewise been given with good effect in

Anasarca, as the sequela of acute eruptions.

There is hardly a chronic non-syphilitic eruption, where Sulphur is not employed more or less. We may mention one other chronic disease of this character, excessively annoying to children; it is

Crusta Serpiginosa, which is regarded by many pathologists as a form of the itch-disease. The eruption first shows itself behind the ear, consisting of groups of small vesicles filled with a limpid fluid, itching a great deal and forming thin, dark-brown crusts. This eruption might possibly be confounded with crusta lactea; nevertheless the characteristic differences are well marked. In crusta lactea, for instance, the forehead and cheeks are first invaded, in crusta serpiginosa the ear; in crusta lactea, the eruption consists of large purulent sores which do not itch, whereas, in crusta serpiginosa, the itching is a characteristic symptom, especially at night; crusta lactea forms thick, yellowish-white crusts which gradually fall off without any treatment, whereas crusta serpiginosa never gets well without treatment, on the contrary, keeps spreading, gradually invading the face, eyes, neck, chest, and giving rise to dangerous ophthalmic diseases.

In the treatment of *Onychia*, or whitlow, and common ulceration of nails, Sulphur may be useful. And lastly in

Corns, *Warts* and *Boils*, especially when they incline to become inflamed and painful, Sulphur may bring about the gradual eradication of these annoying excrescences. In regard to the tendency to boils in scrofulous persons, and to a tendency to fester as it is termed, Sulphur does a great deal to moderate this morbid disposition.

Regarding the dose, we may affirm in truth that we, in common with other enlightened homœopathic physicians, have seen most brilliant results from the middle and higher as well as from the

lower preparations. In all recent cases of vesicular itch, we believe that the more massive preparations of Sulphur act more speedily and certainly than the higher potencies. But in chronic affections of bones, in chronic ulcerations, and in many chronic eruptions of various kinds, the middle and higher potencies of Sulphur seem to be more adapted to a safe, radical and speedy cure.

CEPHALIC GROUP.

Sulphur is not without a powerful action upon the brain. It is not quite satisfactorily proven—so say the physiological pathologists of the Old-School—whether Sulphur affects the nervous system; but it is universally admitted, and our own experiments place this beyond all doubt, that Sulphur acts specifically upon the venous system, and that here the theatre of its operations is that system of delicate, microscopic vessels where the functions of vitality are really carried on, we mean the venous capillaries. As Aconite acts upon the terminal capillaries of the arterial system, so does Sulphur act upon the terminal capillaries of the venous system. This essential difference it is that adapts Aconite to acute, and Sulphur to chronic inflammations. Trace out the consequences of stagnations in the venous capillaries, and you may very readily understand the symptoms of chronic congestion, exudation and suppuration of internal organs, and the various eruptions, vesicles, pustules, boils, ulcers and so forth, with which Sulphur is, in so eminent a degree, in curative adaptation.

It is evident, to my mind, that Sulphur cannot thus clog the circulation of the venous capillaries, impairing the irritability of their tissue, and thus materially interfering with a vital property, without at the same time affecting the nervous power which regulates and maintains this important function. Hence the ganglionic system, and indirectly the brain, must be acted upon, or if you please, irritated, by the action of Sulphur.

The venous capillaries being distributed throughout every tissue, it is to engorgements of these capillaries in the brain and its investing membranes that the functional derangements caused by the action of Sulphur upon the head, have to be traced.

Among the head-symptoms obtained by provers, we distinguish the following:

Drawing-burning pain at the top of the head;

Dull aching pain in the whole of the right half of the brain, with dimness of vision, weakness of the eyes, innumerable, confused, dark spots floating before the eyes; this was followed by giddiness and confusion of the whole head;

Frontal headache, alternating with pain in the joints; the pain may be a dull drawing pain;

Dull headache, deep in the left orbit, sometimes increasing to a drawing throbbing;

Aching pain in the left side of the forehead, with slight vertigo;

Headache, with burning and redness of the eyes; or burning-aching pain in the occiput, also with aching pain over the whole head.

These symptoms point more especially to the different forms of headache which Sulphur may be capable of curing, and which will be generally found to be of a chronic character. The signs of derangement of the venous capillaries in the brain, may likewise manifest themselves in sudden paroxysms, embarrassing and disturbing moreover the sensorial sphere of this central organ.

Among the provings we find, for example, the following records:

Absence of mind;

Sensation as if a hair were pulled (in the case of a prover who is bald);

Sudden vertigo;

Confusion of the head, with involuntary discharge from the bowels, followed by perspiration all over, especially on the forehead, which relieved the confusion;

Rush of blood to the head, with roaring in the ears, burning and creeping in the face. A similar symptom was obtained by a prover during an experiment with the high potencies:

Violent rush of blood to the head, beating of all the arteries in the head, confusion in the head, roaring in the ears.

Another symptom of the same character as these two, is the following: Heat and confusion in the head, with noise like the boiling of water, rushing out of both ears.

Regarding the curative powers of Sulphur in these head-affections, let me impress upon your minds what I believe to be a great truth: that it is only in chronic conditions where these head-symptoms occur as incidental groups, that Sulphur will manifest its power as a great remedial agent. In

Chronic Headaches, for instance, where the particular paroxysms are constituted as I have described them; or in chronic nervous derangements, *Hysteria*, where these violent rushes of blood and attacks of vertigo occur paroxysmally, in consequence of peculiar exciting causes, Sulphur may, and often will prove, a great remedy. With these explanations we recommend Sulphur for

Paroxysms of *Absence of Mind;*

Chronic Vertigo;

Chronic Headache;

Rush of Blood; and for affections of the head that have resulted from the retrocession of the itch, such as:

Trembling of the Head, and even

Chronic Hydrocephalus; in the latter disease, Sulphur is likewise eminently necessary, if a scrofulous taint is the determining cause, or in congenital hydrocephalus.

Regarding the dose, I would advise you to rely upon the middle potencies of Sulphur in these chronic head-affections rather than upon the lower.

NERVOUS GROUP.

In order to fully comprehend the various pains and abnormal nervous conditions which Sulphur excites, it is of the utmost importance to keep in view its physiological action upon the normal organism. Remember that it is the venous capillary system which receives the primary shock of this mighty agent, together with that portion of the ganglionic system of nerves which is immediately connected, or interwoven with the capillary tissue. If you remember that under the depressing action of Sulphur, the venous capillaries become congested, the blood becomes more or less stagnant, resisting the arterial current which seeks to drive it onward, you cannot have any difficulty in understanding the various drawing, tearing, crampy, boring, laming, stitching and other pains which Sulphur is capable of exciting.

Sulphur occasions a variety of pains which point to it as a great agent in

Rheumatic and *Arthritic Affections.* With a view of facilitating the study of these various pains, we will classify them in accordance with their peculiar nature. We may distinguish

Drawing and *tearing* pains, which may be felt in various parts of the body, especially in the fingers, long bones, back, muscles of the neck; these pains may come on suddenly; they may be followed by creeping or lancing pains in the same parts. Respecting these drawing pains, Dr. Hausmann, the prover, who was more especially annoyed by this symptom, remarks: "Even after all the other symptoms had disappeared, this one would frequently announce its presence; I am inclined to attach a great value to it, and I recommend it particularly to the attention of my colleagues. It had this peculiarity that it generally commenced at the dorsal side of the limbs in the neighborhood of the joints, penetrated deeply, but without penetrating through to the palmar aspect."

Boring pain in the ankle-joints.

Crampy and *contractive* pains in the lumbar and sacral vertebræ, and in the joints where they alternate with crampy pains in the muscles, especially during motion.

Another group of pains consists of a feeling of *painful pressure* or aching, accompanied with a sensation of tension. This pain has been experienced in the small of the back and pelvic region, as if the bones of the pelvis should be pressed asunder; or in the muscles causing a sensation as if the muscles were too short; or in the small of the back and hip, followed by a sharp cutting pain through the right knee, and afterwards through the elbow-joint, from the bend of the joint to the apex. The character of these pains most pointedly indicates engorgement of the venous capillaries, such as may occur in rheumatic conditions of these parts.

A feeling of *heaviness* in the bones of the arms and legs, or a feeling of weight and burning in the feet is another symptom pointing to a rheumatic or arthritic condition of the parts.

Sulphur causes *flying pains,* and *sensitiveness* and *soreness* in the wrist and finger-joints such as may be experienced in chronic rheumatism.

Sulphur occasions *shooting pains*. These pains have been experienced in the abdominal muscles, the hip-joints and down the thigh, and may be regarded as rheumatic or neuralgic pains. These pains were obtained by means of globules moistened with the tincture of Sulphur.

Regarding these shooting pains, the prover, a student of medicine, makes the following remarks:

"For three weeks, I may have taken three times daily, five globules moistened with the tincture of Sulphur, when I experienced a shooting pain here and there in the abdominal parietes, especially in the inguinal region, at one time in the left, at another time in the right side; this pain sometimes lasted a short time, sometimes longer, but regularly went off in the warmth of bed. As I did not believe that these wandering pains were caused by the Sulphur, I continued to take it. About a week after the first appearance of the shooting pains, there occurred, after the slightest exercise, a very troublesome feeling of fatigue. The shooting pains now gradually declined, but in their stead occurred contractive pains, especially in the muscles of the thighs, which often proved a serious obstacle to my walking. In four days, these contractive pains were felt deeper, as if in the bones, especially in the femora and right tibia. The head of the right tibia became very painful, and could not bear the slightest touch, and after the slightest exercise I had to go and lie down. Now, almost convinced that these symptoms must be the effect of the Sulphur, I intended to leave it off, but as I had a few more globules I took them all. The consequence of this was that the pains attained such a degree of intensity as almost to render walking impossible. The very next day, when I took no more globules, the pains became less intense, and in three days were all gone. I have gained the conviction that medicines, even in very small doses, are capable of producing the most violent effects."

This group of symptoms is interesting to us in a particular point of view. It teaches us that Sulphur is endowed with specific powers to affect the head of the tibia, and that it may therefore be of immense value to us in rheumatic diseases of this part complicated with the scrofulous diathesis. In

Chronic Inflammation of the head of the tibia and in disorganizations resulting from it, such as

Pædarthrocace or scrofulous ulceration of this bone, Sulphur will be one of our most valuable agents, if given in the middle or higher potencies, from the 12th to the 30th. This may likewise be said of the different stages of

Hip-disease, Morbus Coxarius, Coxarthrocace, where Sulphur must be eminently useful, if the effects of Sulphur upon the hip-joint can be depended upon as curative indications.

The symptom: "Numbness and warmth in the knee," obtained by a prover, shows that in nervous inflammatory affections of the knee-joint, or, to use the modern technical language of pathology, in neuroses of the knee-joint, Sulphur may be of great use.

Sulphur affects the process of innervation by depressing the feeling of normal vital heat in a part. It causes a sensation as if cold air were blowing over the thighs, or a sensation of coldness in the upper arms. This depression of the vital temperature may be accompanied by, or give rise to, a feeling of paralysis in the affected extremity; hence we find among the provings the symptom; "Paralytic feeling in the upper arms." This sensation is likewise strikingly announced by another prover in these words: "Drawing in the right fore-arm, near the elbow, like a current of air or a breath passing over the part, and causing a feeling of paralysis." In fully developed paralysis, Sulphur may, nevertheless, prove inadequate to a cure. In

Semi-paralytic conditions, where the sensation of a normal temperature of the part is disturbed either by a sensation as if the part were colder than usual, as if a current of cold air were passing over the part, or by a feeling of burning heat, accompanied by a sense of heaviness in the part: Sulphur may do good service.

Among the provings of Sulphur, many symptoms point to the great use of this agent in arthritic affections of the feet, whether the common

Gout, or *Arthritic Rheumatism*. These pains are: pains as if sprained; boring pains; tensive pains in the joints and muscles.

The action of Sulphur upon the nervous tissue and the venous capillary system of the back, is characterized by several marked symptoms. One prover experienced "long pulsative and undulating stitches below the left scapula." Another has this symptom: "Burning feeling over the whole back, especially between the scapulæ, changing to a sore pain after scratching, with perceptible throbbing of the arteries beneath the skin."

This symptom may point to what Schœnlein terms

Hysteria Spinalis; the burning sensation sometimes is felt like a hot flash over the back, down the spinal column.

The use of Sulphur in hysteria or nervous irritation, is likewise indicated by this symptom: "Icy-cold feet, with burning of the face and hands,"

To sum up, the nervous affections where Sulphur may be of use as a curative agent, are

Chronic Rheumatic and *Arthritic Affections*;

Diseases of joints, Hip-disease, Chronic Inflammation of the knee-joint.

Paralytic Conditions;

Hysteria Spinalis;

Nervous Irritation, and occasionally cases of *spinal irritation*, if the patient complains of shooting, stitching, bruising and burning pains in the back.

A chronic disposition to *Cramp* in the calves, and to

Numbness of the legs from the least pressure as if they would go to sleep, likewise yield to Sulphur among other medicines.

Nervous Complaints, arising from repelled itch, such as: *Neuralgia,* trembling, paralytic weakness, rigidity of joints, and other ailments.

Another interesting class of pains are the *shooting pains* which should invariably be treated with Sulphur, perhaps in conjunction with other remedies.

ORBITAL GROUP.

Sulphur affects the eyes in a very marked manner. Among the recorded provings we distinguish the following symptoms:

Quivering and luminous appearances before the right eye;

Lightning-flashes before the eyes at night;

Dimness of the cornea;

Dimness of vision, diplopia;

Dull aching and feeling of weight in both eye-balls, with loss of vision as if a thick veil were before the eyes.

These few symptoms indicate the faculty inherent in Sulphur, of affecting the visual power. Other symptoms show that Sulphur may irritate and inflame the eye. Among these symptoms we may record the following:

Redness and inflammation of the canthi, with slight adhesions and exudations; this irritation is accompanied by some irritation of the Schneiderian membrane;

Itching, burning and redness of the edges of the lids;

Fine burning, like sparks, on the skin of the right upper lid;

Painful dryness of the eyes, or dry feeling under the lids;

Shooting pain through the pupil.

These symptoms have led to the use of Sulphur in common *Catarrhal Conjunctivitis,* especially where the palpebral portion of the conjunctiva is involved. In *Arthritic* and *Scrofulous Ophthalmia,* with hypertrophy of the lining membrane of the lids; in chronic *Sore Eyes,* with inflammation and swelling of the lids, itching and smarting, dryness of the eyes or else exudation of a purulent gum from the canthi; in *Amaurotic Conditions,* with aching pain and dryness of the eye-balls, dimness of vision, as if objects were seen through dust, and more particularly if the amaurotic weakness resulted from repelled itch: Sulphur will be found a valuable remedy.

In *Chronic Disorganizations of the Cornea, Leucoma, Phlyctænæ,* and so forth, in consequence of previous scrofulous inflammation, Sulphur may be of great use to us; even in *Cataract* from repelled itch, Sulphur is said to have effected a cure.

AURICULAR GROUP.

Sulphur causes a *roaring* in the ears. It has caused a *deafness* in the left ear, together with an aching pain in the left eye. We likewise notice

"Sweating and frequent itching in the left meatus."

Boring pains in the external meatus.

These few symptoms point to the use of Sulphur in

Otalgia of a boring character, especially in scrofulous subjects; and likewise to

Otorrhœa, the discharge being confined to a simple oozing of dampness, with itching, from the external meatus.

Deafness, with roaring in the ears, itching and dampness of the ear, may be favorably treated with Sulphur, especially if a chronic eruption which would have required Sulphur, had been repelled or retroceded spontaneously.

LECTURE LVI.

NASAL GROUP.

SULPHUR affects the external nose in an unusual manner. It causes

An inflamed spot on the nose;

Thickening and swelling of the nasal bones;

Aching pains in the nasal bones;

Tickling in the right nostril, followed by discharge of thick blood;

Painful inflammation of the right wing of the nose, and of the septum, going off in branlike scales;

Shining, red swelling of the tip of the nose; the left nostril feels thick, hard, painful to the touch, forming a hardened, transparent, bright-yellow mass.

Sensation as if he smelled the perfume of a flower, though there was not any.

Sensation as if he were smelling soap-suds.

These symptoms show that Sulphur may prove of great value in

Scrofulous Swelling and Inflammation of the Nose, septum and cartilages, and likewise in

Illusions of Smell of the character indicated by the provings; they may occur in hysteria.

FACIAL AND BUCCAL GROUPS.

Sulphur causes swelling and hardness of the root of the tongue; hence it may prove useful in

Hydrargyria, especially chronic, with swelling and rigidity of the tongue.

Sulphur has also caused a hard tubercle on the border of the tongue. Hence we may recommeud Sulphur as a remedy for

Painful Swelling, Induration and tubercular excrescences of the tongue.

Upon the face, Sulphur has acted in a marked manner. We distinguish the following symptoms:

Raw pain in the left commissure of the mouth;
Sensation as if the upper lip were swollen.
Burning on the right cheek as from drops of hot fluid;
Roughness on both cheeks, with heat and burning in the cheeks, as from exposure to cold, followed by branlike desquamation.
A group of small painless vesicles close together, near the right commissure of the mouth, bursting and ulcerating; they have a lardaceous appearance.
Itching of the left eye and cheek;
Tension of the skin of the face, as if it were swelling;
A crack in the upper lip, which is very painful.
Whitish aphthæ on the inside of the lips, and in one instance a warty excrescence.

These symptoms very clearly teach us that Sulphur may prove useful in the treatment of several annoying affections of the face, particularly
Chronic Inflammation or inflammatory irritation of the skin; the skin feels rough, itches and burns a good deal, looks red and inflamed.
Scrofulous Swelling and *Inflammation of the Lips*, with rhagades in the lip, bleeding and aphthous ulceration of the lips.
Soreness of the Corners of the Mouth, to which children and full-grown persons of a scrofulous habit are sometimes subject.
Warty Excrescences on the lower lip.

DENTAL GROUP.

The action of Sulphur upon the teeth is not marked by any very characteristic symptoms. It has caused
Digging pains in sound teeth; also
Drawing pains in the upper teeth, with a feeling of swelling and ulceration in the left gums. Hence we may derive curative effects from Sulphur in
Toothache characterized by similar pains.

CHYLO-POIËTIC GROUP.

The effects of Sulphur in the chylo-poiëtic range are varied and exceedingly interesting. It alters the taste, causing
A *sour* taste in the mouth, also a *bitter* and *insipid* taste, with white coating on the tongue; and finally
A *clammy* taste, with yellow coating on the tongue.
Sulphur also causes *heartburn*, flow of water in the mouth and various abnormal sensations in the stomach which make it a most valuable agent in chronic derangements of this organ. It causes a feeling of
Weight at the stomach, with fluid stools;
A twisting and turning sensation in the region of the stomach, accompanied with vertigo.

Weariness after eating. These few symptoms indicate Sulphur as an useful agent in

Chronic Dyspepsia, when the food sits heavily upon the stomach, and the patient experiences a tendency to diarrhœic stool after a meal. The appetite need not be much impaired, although the taste in the mouth is altered, generally sour or insipid, clammy; the tongue has a whitish or yellowish coating upon it, and the mouth may feel dry.

Other symptoms point to the use of Sulphur in

Cardialgia; especially the following:

Pressure in the umbilical region, followed by pressure in the left hypochondrium, soft, quick pulse (one hundred and sixty), and palpitation of the heart;

Constrictive pain in the pit of the stomach, and feeling of sickness, pressing in the left hypochondrium, accompanied by a chilly feeling from the lumbar vertebræ to the abdomen and the extremities;

Alternate constrictive burning pain in the stomach; as this pain went off, the abdominal parieties became sensitive, pulse quick, hard and full.

As a regulator of the action of the bowels, Sulphur is one of our most efficient agents. Small doses of Sulphur bind the bowels, and make the fæces hard and their expulsion difficult. Hence in

Chronic Constipation, Sulphur is depended upon by homœopathic physicians as a gradual restorer of the regular action of the bowels. The stools look hard, dark and dry, and are expelled with great straining, even to such an extent that blood is discharged. If the individual is afflicted with hæmorrhoids, Sulphur proves especially useful.

Large doses of Sulphur cause liquid stools, characterized by a variety of symptoms, such as:

Soft stools, with itching of the perinæum;

Diarrhœic stools, with burning and tenesmus:

Stools consisting of fæcal matter and mucus;

Discharge of fetid liquid stools, accompanied with fetid flatulence;

Stools attended with cutting pains in the rectum;

Rumbling in the bowels, followed by copious papescent, yellowish-green, fetid stools;

Stools attended with an inclination to vomit:

Loose fetid stool, followed by straining, ulcerative pain in the anus when touching it, and sensation as if more diarrhœa would come.

These effects of Sulphur distinctly indicate the different forms of diarrhœa where this remarkable agent will manifest its therapeutic powers. It is more particularly in the

Fetid, watery Diarrhœa of scrofulous children, or

Diarrhœa as if the bowels were too weak to retain their contents, or even in

Involuntary Diarrhœa of scrofulous, lively, nervous children, that Sulphur will prove useful. In

Chronic Diarrhœa, or dysenteric diarrhœa with much straining, discharge of mucus and fæcal matter, Sulphur will prove useful. In *Diarrhœa* or *Alternate Diarrhœa and Constipation* depending upon enlargement of the mesenteric ganglia, we shall often find Sulphur indicated.

We must not overlook the peculiar effects which characterize the action of Sulphur upon the lower portions of the intestinal canal, the rectum and anus. In this direction the following symptoms have been recorded by our provers:

Burning at the anus, accompanied with tenesmus;

Burning at the anus, accompanied with burning at the orifice of the urethra;

Cutting pain darting up the rectum, immediately before an evacuation from the bowels;

Sensitiveness of the anus, with stitches darting through the anus, accompanied with chilly feelings in the legs;

Itching, soreness and discharge of acrid fluid from the anus;

Bearing-down sensation and feeling of fulness in the rectum.

Soreness of the raphe of the perinæum.

These symptoms are interesting in two respects; they may constitute elements of a more general group of derangements of the intestinal canal, in diarrhœa, constipation, piles, worm-diseases; or they may exist as independent, separate affections in scrofulous children or even full-grown persons, where

Soreness, Excoriations, Itching and Exudations of the Anus and Rectum are not at all unfrequent.

These affections are frequently present in

Hæmorrhoids, for which Sulphur has always been regarded as one of the chief remedial agents.

If you remember that it is the natural tendency of Sulphur to cause venous engorgements, it cannot appear strange that it should cause engorgements of the hæmorrhoidal vessels. The provers of Sulphur have shown that this agent causes in healthy persons

Bleeding from the anus; which may indicate the use of Sulphur in *Chronic Hæmorrhage from the Bowels*. Sulphur has caused

Involuntary discharge of clots of blood from the anus;

Hæmorrhoidal tumors with hard stool, and tenesmus.

Sulphur likewise affects the small of the back, as we know it to be frequently affected in hæmorrhoids. It causes

A violent bearing-down pain in the small of the back in the direction of the anus; it also causes

A painful rigidity in the small of the back and a pain as if the parts had been bruised. We therefore use Sulphur with great effect in

Piles or *Hæmorrhoids*, either blind or fluid, when the discharges consist of dark venous blood, and are characterized by such pains and complications as we have described.

Allœopathic physicians have been in the habit of accounting for

the curative action of Sulphur in piles by its cathartic effects. But Vogt, whose work on pharmaco-dynamics has been regarded as classical authority by our allœopathic brethren, informs them very emphatically that this explanation is erroneous, and that Sulphur cures piles by virtue of its general dynamic action upon the venous system and upon the cutaneous exhalations. Allœopathic physicians likewise use the Sulphur-ointment externally. In obstinate piles, where large tumors protrude, with tendency to ulceration, the application of the ointment in conjunction with the internal use of Sulphur, would not be contrary to the law *similia similibus*, but I doubt whether it is necessary, or whether a cure is expedited thereby. Sulphur may be used from the 1st to the 30th and even to a much higher potency in this affection.

In affections resulting from suppression of piles where Sulphur would have been the specific curative agent, this drug will help us out; such affections are

Hæmorrhoidal Colic;
Backache;
Palpitation of the Heart;
Cerebral Congestions;
Pulmonary Congestions and congestions of the stomach;
Vertigo, etc.

In ordinary colic, Sulphur is not much used. Among the provings we read:

Colicky pains and an increased flow of urine every night; and
Violent pains in the umbilical region.

These symptoms may point to Sulphur as a remedy for

Worm-colic, when the presence of lumbrici can hardly be doubted. In such cases the general condition of the alvine secretions, and of the digestive functions will undoubtedly shed additional light on the homœopathicity of this agent to the nature of the paroxysms.

Lastly, we find that Sulphur causes shooting pains through the liver. This symptom shows that Sulphur is not without some influence upon this gland, and that it may therefore prove of use in chronic

Liver-complaint, where these shooting pains constitute characteristic indications. In such cases, the general condition of the chylopoiëtic system is always to be considered.

URINARY GROUP.

The primary effect of large doses of Sulphur upon the urinary organs, is to induce a more copious and more frequent desire to urinate. This increased secretion of urine may be accompanied by a variety of ailments or pains, which indicate Sulphur as a valuable agent in several morbid conditions of the urinary apparatus.

Among the effects of Sulphur upon the urinary organs we distinguish the following:

Involuntary discharge of urine, a symptom which seems to indicate Sulphur in

Enuresis Nocturna, especially in the case of children who are troubled with worms, or even in

Incontinence of Urine generally, the patient experiencing a desire to urinate every half hour or hour. In a case of this kind, where the patient, a boy of fourteen years, had been troubled with this complaint for five years, passing urine every hour during the day, and wetting his bed every night, the first, and second trituration of Sulphur effected a perfect cure in a week. Other symptoms are

Frequent urination with warmth in the urethra;

Urging to urinate, with cutting pain over the symphisis pubis, as in strangury;

Weight and fullness in the hypogastrium, as if pressure were made upon the bladder;

Frequent urging to urinate, with a feeling of obstruction in the region of the sphincters, although the pressure upon the bladder is very great;

Weak and slow stream of urine;

Fine stitches in the region of the neck of the bladder, also passing through the anus;

Itching at the orifice of the urethra;

Intolerable burning in the urethra;

Darting through the urethra at night, during urination, attended with a chill.

Discharge of mucus from the urethra; and lastly, cloudy urine having a penetrating odor.

These symptoms establish the homœopathicity of Sulphur to the following affections of the urinary apparatus:

Dysuria, with difficulty of passing the urine, frequent and painful urging, also designated as

Irritable Bladder, sometimes characterized by a spasmodic retention of urine and constant and painful urging.

Paralytic Weakness of the Bladder, as indicated by the slow and thin stream. Old people may be affected in this manner.

Chronic Gonorrhœa, with shooting and burning pains in the urethra, tickling at the orifice, discharge of mucus. These symptoms may also represent a common

Catarrh of the Bladder, or chronic cystitis, consequent upon acute inflammation, or developing itself spontaneously as a result of the scrofulous diathesis.

SEXUAL GROUP.

The action of Sulphur upon the male sexual organs is characterized by several interesting symptoms, such as:

Itching and burning, with desquamation of the penis and prepuce;

Fetid smegma between the prepuce and glans;

Itching of the scrotum and thighs, with sweating of the parts;

Suppurating Ulcers upon the glans and prepuce;

Swelling of the testicles, with dampness of the scrotum.

These symptoms occur principally among individuals whose constitution is tainted with a scrofulous diathesis; among rickety children, or perhaps among persons in whom the vital fluids have been deteriorated by exposure, bad food, want of cleanliness, insufficient ventilation.

The provers of Sulphur uniformly testify to the weakening action of large doses of Sulphur upon the sexual instinct and power. In

Weakness of the Sexual Organs, or even in *Impotence*, as a symptom of constitutional cachexia, in scrofulous individuals who have been addicted to abuse, Sulphur may be one of the means which may restore the lost power.

Sulphur causes and therefore tends to regulate

Profuse Menstruation, with discharge of black, clotted, sticky blood, and bearing-down pain in the sexual organs.

The excessive discharge of blood may also be accompanied with flashes of heat, a sense of fullness in the hypogastrium.

Small doses of Sulphur exhibit a tendency of interfering with the regular menstrual secretion, causing

Amenorrhœa, especially among females afflicted with anæmia; chlorotic persons who are liable to leucorrhœal discharges attended with furious itching of the parts. The suppression may be accompanied with cerebral congestions, aching pains in the head, flashes of heat and redness in the face, dizziness, buzzing in the ears.

Sulphur causes leucorrhœal discharges, and has been found useful in

Slimy, yellowish, corrosive Leucorrhœa, which it either arrests entirely, or changes to a simple discharge of mucus.

The tendency inherent in Sulphur, of causing venous engorgements of the uterus, renders it valuable as a means of correcting a constitutional tendency to

Miscarriage, especially in scrofulous individuals in whom a general disposition to venous congestions is manifest. It has also been employed for the purpose of counteracting the tendency to, and hence curing

Prolapsus of the Womb, where Sulphur will prove of use provided the general constitutional condition of the patient suggests the propriety of resorting to this agent. If these weaknesses can be traced to the presence of the scrofulous element in the female constitution, Sulphur is eminently adapted to the business of exciting a curative reaction. Among these weaknesses we may lastly number an habitual tendency to

Suppuration and *Ulceration of the Breasts* in confinement, commonly termed *Sore Breasts*. Even among the male provers, Sulphur has caused soreness and inflammation of the nipples. We would therefore commend Sulphur to your attention in cases of

Sore Breasts and *Sore Nipples*, more particularly if other symptoms afford unmistakeable evidence regarding the existence of an actively-developed scrofulous dyscrasia.

CATARRHAL GROUP.

Sulphur affects the lining membrane of the respiratory organs in various ways, causing symptoms of irritation which may enable us to use this agent in various chronic catarrhal affections. The most marked among these symptoms are the following:

Catarrh, with confusion of the head, loss of appetite, weariness and feeling of prostration in the limbs;

Severe pain in the nose, with discharge of an acrid fluid from the right nostril;

Dryness of the nose;

Sneezing with discharge of fluid mucus from the left nostril;

Cold in the head, with sneezing and drowsiness.

In one of the provers, the Schneiderian membrane was affected as follows: Discharge of an acrid fluid from the nose, after which the membrane became dry and stiff as parchment; next a tough mucus was discharged, and lastly the dryness recurred again.

These few symptoms point to Sulphur as a useful remedy in *Chronic Catarrh of the Head and Nose*, or likewise a disposition to chronic catarrh, with acute paroxysms from the least exposure to a change of weather, dampness, etc. There is a great deal of sneezing, discharge of acrid water or mucus from one or both nostrils; soreness of the nose, tight feeling about the head, sore and weeping eyes.

These catarrhal symptoms of the head and nose may be associated with other symptoms constituting a group which resembles very closely an attack of *Influenza*, especially when this affection prevails as an epidemic disease. Among the provings we find this record:

Chilliness over the back and limbs;

Chilly feelings followed by heat, in the forenoon and afternoon;

Chilliness not removable by the heat of the stove, with blue nails, paleness of the face, dizziness, heaviness of the head, sensation in the bones of the upper arms as if they would break:

Chill with blue nails and goose flesh, along the arms and down the back, also on the abdomen; accompained by pains as if the bones would break.

Here we have all the symptoms characterizing an attack of *Epidemic Influenza*, especially if the irritation existing in the lining membrane of the throat and air-passages, corresponds with that generally prevalent in this disease. In this direction Sulphur has the following leading symptoms:

Scraping sensation in the throat, with hoarseness, cough and expectoration of little lumps of a bluish mucus;

Roughness in the throat, and shooting pains on swallowing;

Hoarseness, with tightness of the chest, and inclination to vomit;

Hoarseness, with sensation as if mucus were sticking in the glottis;

Dryness and feeling of warmth in the throat;

Tickling in the larynx and bronchial tubes;

Severe cough, with expectoration of white mucus;
Cough, with raw feeling in the trachea, expectoration of thick phlegm;
Cough, with sore pain in the chest;
Paroxysms of dry cough, with shooting pain in the left chest.

These various kinds of cough may be present in epidemic influenza, or they may exist as independent forms of bronchial irritation. We may therefore use Sulphur in

Chronic Cough, coming on in paroxysms, at night or in the day-time, with expectoration of thick phlegm, or purulent mucus; the paroxysms may be ushered in by titillation in the larynx. This sort of cough may have a catarrhal origin, or it may come on after measles. In prescribing Sulphur for a chronic cough, you will of course have to first make a survey of the ground where this agent is to operate; it must be able to cover the whole ground, or else it will prove inadequate to a successful fight against the common enemy.

The use of Sulphur in affections of the respiratory organs will still further appear, by studying its effects upon the lungs, under the head of

THORACIC GROUP.

Sulphur causes
Oppression and anxiety in the chest;
Dull pressing pain in the left side of the chest;
Raging pain in the middle of the sternum;
Aching, sore spots in the chest; the pain is increased by inspiration;
Dull stitches in the lower part of the chest, right side;
Weight and pressure in the chest, increasing from day to day, and finally terminating in shooting pains when bending forward, or taking a long breath;
Fulness in the chest, with tickling in the throat, sweetish taste in the mouth, spitting up of a watery, slimy fluid, mixed with bright-red blood;
Burning sensation in the chest.

These symptoms, if considered in connection with the fact that Sulphur causes engorgements of the venous capillary system, constitute important therapeutic indications. See what these engorgements may lead to: exudations, suppurations and ulcerations of the lining membrane and pulmonary tissue may result from them. Hence Sulphur becomes an important agent in

Scrofulous Consumption, or phthisis pulmonalis, even in the advanced stages of this disease, with copious purulent expectoration, cavernous disorganizations, colliquative diarrhœa and night-sweats. Dr. Clotar Muller regards the following symptoms as characteristic for Sulphur in this disease: "Dryness and burning in the throat, the expired air feels glowing-hot; dry food remains sticking in the throat and has to be coughed up again; loss of voice; exhausting cough, especially at night, generally dry, it is only after long and violent coughing

that quantities of pus are raised; occasional rattling in the windpipe and chest; frequent stoppage of breath, especially after a short nap, from which the patient is roused by a feeling of suffocation; copious sweat, even during sleep; rash over the whole skin, feeling of heat; small hurried pulse; occasional and violent rushing of the blood to the head, with throbbing of the arteries, palpitation of the heart; at such times the face which is generally pale, becomes flushed and looks mottled."

In *Chronic Pneumonia*, with cough, soreness, expectoration of blood and pus, Sulphur may prove very useful; so it may in

Chronic Hæmoptysis, in the case of phthisicky persons.

In *Pleuritis Plastica*, with exudations in the pleura, Sulphur may be given in alternation with Aconite and Bryonia.

Sulphur likewise acts upon the heart and aorta. It causes palpitation of the heart, and the following rather remarkable symptom:

Increased pulsation of the aorta, from the heart to the clavicle, with a purring noise; when lying on the back, the pulsations are felt in the abdominal aorta.

This symptom may indicate Sulphur in

Abnormal Irritability of the Heart, palpitation, hysteria, and even in

Incipient Aneurism of the Aorta, as a symptom of scrofulosis.

We hardly need again advert to the fact that Sulphur is pre-eminently indicated, if these affections of the thoracic organs can be traced to suppression of scabies or hæmorrhoids.

FEVER GROUP.

We have already pointed out the value of Sulphur in influenza. In

Hectic fever, with sour or fetid night-sweats, or profuse sweating of the legs only, and consequent exhaustion, this agent may prove an excellent palliative.

SLEEP.

Sulphur causes sleeplessness, and disturbing dreams about wild beasts, fire and death; hence it proves useful in eradicating a tendency to

Nightmare, especially if other constitutional symptoms confirm the selection of this drug. Palpitation of the heart during the attack is characteristic of Sulphur.

MENTAL GROUP.

Sulphur may prove useful in

Hysteria and *Hypochondria*, especially when complicated with liver-complaint, or when arising from suppression of piles. In

Mania, caused by the violent suppression of scabies, Sulphur may act as a curative agent.

DOSE.

If my own experience and that of the most intelligent observers of our School is of any value to you, you may depend upon obtaining curative results by means of the lowest as well as the highest potencies of Sulphur. I have said enough bearing upon this point, to enable you to decide for yourselves in particular cases. I will here simply observe that in chronic pulmonary affections you will find the middle and higher potencies of Sulphur preferable to the lower, although this rule may not be without exceptions.

What! exclaims my sagacious colleague of Jefferson College; look at this mass of corruption, do you mean to remove all this by your infinitesimal globule? Yes, indeed, but let us understand each other. What you suppose to be the disease, and what you triumphantly point at as the disease, we simply regard as a pathological process instituted or caused by the action of an inimical principle upon the pulmonary tissue. This inimical principle we have agreed to denominate scrofula. It is this scrofulous element which the infinitesimal globule takes hold of, which it neutralizes by virtue of its own inherent dynamical force. In many cases of disease this curative result can only be accomplished by means of massive doses. In dropsy, for instance, the morbific element cannot always be neutralized without the continued use of massive doses of Digitalis. But in scrofulous ulceration of the lungs, an infinitesimal globule of Sulphur is a far more efficient and safe neutralizer of the poison than your ounce doses of the crude drug. This question will have to be decided by experiment. Some minds are constitutionally unfit to perceive the inherent reasonableness of our doctrines; from such persons we may expect derision and petty assaults, no accession to our ranks; but there are many honest-minded, enlightened men among our opponents whom we may induce, by a philosophical exposition of our doctrines, to investigate and, may-be, to apply them in simple cases. The people come to us, because they love the gentle sweetness, and have confidence in the efficiency of our practice; but if you would conquer the great mind of the profession, then let me urge you to ever think of Homœopathy with hearts full of reverence for the consistency and universality of her teachings, as a doctrine of life, a heavenly truth which will not fail, if properly understood and universally applied, to link earth and heaven in one great cycle of sensual refinement, intellectual beauty and social and religious harmony.

LECTURE LVII.

VERATRUM ALBUM,

(*White Hellebore.*—Natural Order:—JUNCI.)

THIS plant is supposed to be the Helleborus leukos of ancient writers, such as Theophrastus, Dioscorides, etc. Dr. Francis Adams, in his appendix to Dunbar's Greek and English Lexicon, and one of our best authorities on the history of the plants used by the ancients, considers Veratrum album identical with the white Hellebore of the ancients. Sprengel, in his Annotations to Dioscorides, comes to the same conclusion. Among the ancients, Hellebore was much celebrated for the cure of hydrophobia. Some thirty years ago, the Cevadilla veratrum, a species of Mexican Hellebore, was cried out as a specific for hydrophobia.

According to Wibmer, author of a highly and justly celebrated treatise on poisons, Veratrum is one of the oldest poisons, and supposed to have been used by the Gauls and other nations in their warfare against the Romans.

Hahnemann has left us a celebrated Inaugural Dissertation on the white Hellebore of the ancients. In this dissertation, which he wrote on the occasion of his receiving the diploma as Doctor of Medicine, he states that it occupies the first rank among the medicines of the ancients. He also proves that the Veratrum album of the ancients and that of the moderns are identical, by comparing the symptoms produced by each. "In the face of such a remarkable resemblance of the symptoms caused by these two plants, who can deny that the very same plant which now grows in our gardens, was that used by the ancients for the production of helleborism? Where, I ask, can another plant be found which shall show these same peculiar effects on the human body that are produced by the white Hellebore of the ancients and our Veratrum album? The external character of the plant resembles that described by the ancients; the name is the same as that given to it by the Romans; it has the same properties now as formerly; there is the same danger attending its use now as formerly; it is undoubtedly the same plant."

This plant is a hardy perennial, flowering from June to August. Stem from two to five feet high, erect, simple, and hairy. Flowers greenish-white, forming a large downy panicle. Leaves large, elliptical, entire, ovate oblong, striated, of a fine green color. It is a native of the mountainous districts of Europe; it is found in great abundance on the Alps of Switzerland. We have a Veratrum viride in our country, which is used as a depressor of the pulse. We use the root of this plant, a single, double or many-headed rhizoma having the form of a cylinder, or truncated cone; from two to four inches long, about one inch in diameter, rough, wrinkled, greyish or blackish-brown externally, whitish internally. At the upper

extremity of the rhizoma we frequently observe the cut edges of numerous concentric, woody or membranous scales; they are portions of the dried leaf-sheaths. When cut transversely, the rhizoma presents a large central portion which varies in its qualities, being woody, farinaceous, or spongy, in different specimens. The odor of the dried rhizoma is feeble, the taste at first bitter, then acrid; by keeping the rhizoma it is apt to become mouldy.

From this root we obtain a deep brown-red tincture, of which the three first potencies may be used in acute, and the middle potencies in chronic affections.

The physiological effects of Veratrum are very marked. Dr. Schabel states that, from his own experience, and from that of Wepfer, Courten, Viborg, Orfila and others, he finds that Veratrum album is poisonous to all classes of animals. It produces in every instance symptoms of irritation of the alimentary canal; it is very active; three grains of the extract applied to the nostrils of a cat, killed it in sixteen hours.

On man it acts as a violent, acrid irritant, causing violent sneezing when applied to the nose, and sometimes epistaxis. In Germany the powdered root is often used to procure a good sneezing fit, when the head is stopped in catarrh.

I will relate a few short cases of poisoning which exhibit the action of the drug very characteristically.

In Rust's Magazine for Medicine and the collateral Sciences, an account is given of the poisoning of eight people by this drug. The powder of the root had been put into some bread instead of cumin-seed, of which the family who were very poor people, partook for a week; they were attacked by violent pains in the abdomen, a sensation as if the intestines were tied up in a knot, swelling of the tongue, soreness of the mouth, and giddiness. They all recovered after the use of laxatives.

From this case we learn that Veratrum affects very powerfully the mucous lining of the intestinal canal in consequence of a primary depression of the nervous centers. The symptoms point to Veratrum as a great agent in *Colicodynia*.

Horn, in his Archive of Practical Medicine, relates the poisoning of three people who took the root by mistake. The symptoms were: in about an hour, burning in the throat, gullet and stomach, followed by nausea, dysuria and vomiting; weakness and stiffness of the limbs; giddiness, blindness, and dilated pupils; great faintness, convulsive breathing, and small pulse. In the case of one of the poisoned people, the pulse became imperceptible, the breathing stertorous, and a total insensibility set in, even to ammonia when held under her nose. Next day this person became lethargic; she complained of headache, and had an eruption similar to flea bites. They all recovered.

Here we have a group of symptoms which indicates an almost universal irritation of the ganglionic system, such as may occur in Asiatic cholera. The symptoms of the upper portion of the intes-

tinal canal: burning in the throat, gullet and stomach, nausea and vomiting; the symptoms developed in the pulmonary apparatus; convulsive and stertorous breathing; the condition of the pulse: imperceptible or collapsed; the urinary difficulties: dysuria, and finally the prostrated innervation: faintness, insensibility to external stimuli, and finally a lethargy; these varied effects constitute a group of symptoms which frequently meets our eyes in the last stage of epidemic cholera.

Bernt, in his contributions to the History of Medicine, quotes a fatal case: a man took twice as much as could be put on the point of a knife. He was attacked with a violent and incessant vomiting, and lived only twelve hours. The gullet, stomach and colon were found inflamed in patches.

Hahnemann relates the following case of poisoning in his lesser writings: I had the greatest difficulty in restoring two children, the one a year and three-quarters old, the other five years old, who had both taken white Hellebore by mistake, the former four grains, the latter seven grains. But few minutes elapsed, before the greatest changes were observable in both children. They became quite cold, fell down, their eyes projecting like those of a person in a state of suffocation, the saliva ran continually from their mouths, and they seemed devoid of consciousness. I saw them half an hour after the accident. The parents had tried to incite vomiting by means of a feather, but without success. Milk administered by the bowels, and poured down the throat in large quantities, had had no effect except the production of scanty vomiting which did no good, but only increased the faintness.

"When I arrived, both seemed at the point of death: distorted, projecting eyes; disfigured cold countenance; relaxed muscles; closed jaws; imperceptible respiration. The infant was the worst. The impending death by apoplexy, the failing irritability, at once induced me to combat the symptoms, if possible, with strong coffee. I introduced, as far as the clenched jaws would allow me, warm coffee into the mouth, but I chiefly sought to give it in large quantities by means of an enema; in the course of an hour all the danger was gone, and the natural temperature, consciousness and respiration had returned."

Buchner relates the following experiment with Veratrum: Waltl macerated 40 grains of the root of Veratrum in an ounce of water, of which he took a teaspoonful without experiencing any effect. A tablespoonful of the solution, caused in three hours a burning heat in the whole body which lasted half an hour, after which a copious perspiration broke out for five hours. Six hours after swallowing the drug, the room seemed darkened; he was unable to bear the light of day or to hold his head erect, which he had to press against his chest, otherwise he experienced a violent headache and an intolerable distress in the occiput; the pulse was accelerated; at times he felt cold, and at other times hot; his strength was very much re-

duced; finally, he vomited ten times, had a number of discharges from the bowels; the face was sunken, pale, altered, covered with a cold sweat. Next day he was well again.

These few cases of poisoning show that Veratrum is capable of producing a very speedy collapse of the vital reaction, characterized by coldness, collapse of pulse, involuntary discharges from the bowels, vomiting, violent cerebral congestions, asphyxiated condition of the lungs.

If given in small doses, Veratrum promotes the mucous secretion. I stated that it favors the discharge from the nose, from the salivary glands, kidneys and uterus, and the cutaneous exhalation.

In larger doses it causes vomiting, purging, colic, even tenesmus and bloody stools with prostration.

In still larger doses, symptoms of gastro-enteritis will appear; lethargy (as in the case I mentioned) and a cutaneous eruption like flea-bites; the pulse becomes irregular.

Poisonous doses causes violent burning in the mouth, œsophagus and stomach; rigidity of the tongue, even complete aphonia, pains in the abdomen, violent retching and vomiting, frequent purging, and even bloody evacuations with tenesmus; dysuria, hæmaturia, oppressive anguish, small, and frequently intermitting pulse, spasms and convulsions of the extremities, tetanic spasms, coldness of the body and extremities, paralysis and finally death.

These symptoms point to Veratrum as one of our mightiest agents in Gastrodynia and Asiatic cholera.

The experiments which have been instituted with this drug, show that it exerts a powerful action upon the cerebro-spinal axis, upon the ganglionic or sympathetic system, upon the special senses, and very strikingly upon the pneumo-gastric nerve.

Considered under their respective categories, the physiological effects of Veratrum yield the following results:

CEREBRO-SPINAL GROUP.

Veratrum causes dizziness, with obscuration of sight; the patient is only conscious of himself as in a dream.

A brandy-distiller had treated himself and his friends to an infusion of brandy on Veratrum-root. They all became violently intoxicated, were attacked with dizziness, vomiting, diarrhœa. The brandy-distiller who happened to be in his cart, drove through the village like a crazy man. An old seamstress who had tasted of the infusion, had to be led home supported by two persons; on her way home, watery stools passed from her involuntarily.

This case shows us the great use we may derive from Veratrum in the treatment of mania, and cerebral irritations setting in suddenly, where symptoms of intoxication and vertigo constitute prominent indications. The physiological condition of the brain in such affections is a sudden sinking of innervation, as may occur and has occurred in Cholera asphyxia, where the attack frequently sets in with a sudden loss of power to control one's movements; the patient

feels dizzy, staggers about, his vision becomes obscured, the pulse is depressed, and a complete extinction of nervous power is going on at a fearful rate. It is with such sudden paroxysms of a sinking of cerebral innervation that Veratrum is in homœopathic rapport. Not in common cases of

Vertigo, but in vertigo characterized by obscuration of vision, collapse of pulse, fainting, prostration. Confirmed brandy-drinkers, opium-eaters, persons who use tobacco to excess, or who exhaust their cerebal energies by sexual abuse, may become constitutionally liable to such attacks. Miasmatic atmospheric influences, in times of prevailing epidemics, may beget a predisposition for such attacks.

In certain forms of

Apoplexy, we shall find Veratrum an indispensable agent. During the attack the extremities become cold, the pulse collapses, the breathing becomes stertorous, the face has a bluish, hippocratic appearance, the lips look blue, the pupil is dilated, violent retching may exist at the commencement of the attack, resulting in the expulsion of small quantities of white, tenacious phlegm. Persons who have ruined their stomachs by the abuse of brandy, are exposed to the danger of such attacks.

We may find Veratrum adapted to certain forms of

Hemicrania, with nausea, violent and ineffectual retching, or resulting in the bringing up of a little tough mucus.

In *Hydrocephalus*, Veratrum is indicated by a peculiar train of symptoms: the child lies in a state of sopor, cries out suddenly, bores its head into the pillow, the pupils are contracted; the head feels hot, while the rest of the body is cool; the least attempt to raise the head causes the little patient to gag and vomit.

Veratrum may be prescribed in

Fainting Fits, Trembling, and even in *Convulsions*, where these conditions occur incidentally to such depressions of the cerebral innervation as we have alluded to. In all such cases the general aspect of the case will always appear the same, cold extremities, collapse of pulse, hippocratic countenance, loss of vision, partial insensibility to external stimuli. The convulsions may be symptomatic of a primary derangement of the abdominal nervous centres, more particularly of the cœliac plexus, and will always be accompanied with the previously described signs of cerebral irritation, and paroxysms of violent retching, vomiting of tenacious mucus, or even of green bile and blood.

ORBITAL GROUP.

Veratrum causes loss of vision, but we have seen that this effect is subordinate to a more deep-seated, more universal depression of the ganglionic system and of the cerebral system of nerves. In prescribing Veratrum for

Amaurosis, it will therefore be important to inquire whether the co-existing symptoms of cerebral irritation justify its use. With these reservations we may commend Veratrum to your attention in

Partial amaurosis, Hemeralopia and *Nyctalopia*, and in

Paralytic Conditions of the motor power of the lids and recti muscles, particularly in

Blepharoptosis, or falling of the lids, and in

Strabismus or *squinting*, attended with weakness of the eyes, after an operation. Even for

Weak and *Sore eyes*, with heat in the eyes, and swelling of the lids, Veratrum has been found useful. Here it is particularly adapted to persons with impoverished or rickety constitutions, who are habitually cold and generally deficient in vital reaction, with a thin pulse and impaired digestion.

Veratrum affects the ears, nose and face in a marked manner, but not independently of its more general action upon the brain or ganglionic system. It causes deafness, alternate feelings of heat and coldness in the ears. This group of symptoms may occur in hydrocephalus and cholera.

It causes icy coldness of the nose, excessive irritation and flow of water from the nose, soreness and ulceration of the nose. These symptoms may occur as incidental to deep-seated irritations or depraved conditions of the intestinal mucous lining, occasioned by, or resulting in the formation of worms.

It causes a pale, cold and collapsed face, with a pinched-up, bluish nose, dry and cracked lips, lock-jaw, gritting of the teeth. All these symptoms may occur, some in cholera, others in hydrocephalus and worm-diseases.

BUCCAL GROUP.

We have seen that Veratrum causes ptyalism, soreness of the mouth, swelling of the tongue; it has also been known to cause coldness of the tongue, a croaking voice and even a complete loss of voice.

This group of symptoms indicates the employment of Veratrum in the milder forms of

Mercurial Ptyalism, and in Asiatic cholera, where a cold tongue, a croaking voice, and even a complete loss of voice occur in the last stage of the disease.

CHYLO-POIËTIC GROUP.

The action of Veratrum upon the chylo-poiëtic organs is distinguished by a variety of characteristic and highly remarkable effects. It causes a

Suffocative Constriction of the fauces, with a dry and cold feeling in the throat;

Loss of taste;

Unquenchable desire for cold drinks;

Nausea, retching and vomiting of mucus, bile and blood;

Vomiting, attended with fainting and prostration;

Vomiting accompanied with diarrhœa and burning in the epigastric region;

Singultus;
A feeling of oppression and burning in the epigastrium;
Painfulness of the abdominal walls;
Burning in the bowels as from hot coal;
Flatulent colic, with rumbling in the bowels;
Diarrhœa, also involuntary, bloody stools and watery discharges.

Applying these symptoms in the order in which we have ranged them here, we find Veratrum indicated in

Spasmodic Dysphagia, with retching, and a flow of water from the mouth; in

Dyspepsia, with oppression of the stomach after eating, burning distress in the stomach, gagging and vomiting of mucus; in

Chronic Vomiting of mucus, bile and blood, to which topers become subject, or which may set in in consequence of over-eating, or of miasmatic influences. Even the vomiting of pregnant females may sometimes be relieved by Veratrum. In

Cardialgia, with violent straining, burning distress in the epigastrium, violent thirst, vomiting, sensitiveness to pressure, Veratrum may prove very efficient. In

Colicodynia, Veratrum may manifest great curative powers. In one of our cases of poisoning I stated that the patients complained of a distress as though the bowels were tied up in a knot. This symptom constitutes an important curative indication.

Hahnemann effected a splendid cure of this disease in the earlier years of his professional career. The patient was a printer who had been afflicted for several years. The attacks set in with a feeling of constriction in the bowels as if flatulence had become incarcerated; the bowels swelled up and became excessively painful, cold sweat broke out and the patient became nearly stupefied and exhausted, with his face swollen and his eyes protruded. You may find this case fully described in Hahnemann's Lesser Writings. The patient was completely cured with four doses of Veratrum, each consisting of four grains of the pulverized root. This dose was enormous, producing unnecessary medicinal complications; but the cure was complete and lasting, and created a sensation at the time it was first reported in Hufeland's Journal.

In these cases of colicodynia, when the paroxysms occur periodically, as they did in Hahnemann's case, with dull pain and soreness remaining between the paroxysms, the pathological appearances in the bowels are those of sub-acute torpid inflammation In this respect Veratrum is likewise in homœopathic rapport with such a disease, for post-mortem investigations in cases of poisoning have revealed an inflammatory condition of the colon.

In *Spasmodic Colic*, with a sensation as if the bowels were tied up in a knot, attended with nausea and vomiting, or ineffectual straining to vomit, tympanitic distension and sensitiveness of the bowels, Veratrum may afford help; the first six potencies may be chosen.

We have seen that Veratrum causes involuntary serous discharges from the bowels; hence in

Involuntary Diarrhœa, where the contents of the bowels are dis-

charged without the patient being conscious of such a fact, owing to a paralytic condition of the sphincters and an impaired sensibility of the part, Veratrum may aid us in restoring the vital irritability.

Veratrum has obtained its most distinguished reputation as a therapeutic agent in consequence of the great good it has accomplished in the treatment of

Asiatic Cholera, especially in the last stage of the disease, when symptoms of paralysis and asphyxia begin to predominate. The skin has a shrivelled appearance, the tongue feels cold and looks pale; the face has that peculiar cadaverous and pinched appearance which has been designated as the cholera-face, facies choleraica; the pulse is collapsed, and a cyanotic color of the extremities and face indicates the utter prostration of the process of arterialization. Here it is where Veratrum quickens the sunken vitality into a new flicker of reaction. The tincture as well as the first three and even higher potencies have effected cures in this disease.

URINARY GROUP.

Veratrum causes dysuria, and also involuntary discharges of urine, as from paralysis of the sphincters. Both these conditions are symptomatic, the dysuria occurring in a group of cholera-symptoms, the enuresis in consequence of intestinal irritations such as might be caused by worms.

SEXUAL GROUP.

Veratrum causes marked irritations in the female sexual organs, which, in their highest degree, resemble that dreadful disease, nymphomania. We therefore commend Veratrum in

Nymphomania, especially when arising from mental causes, a violent craving for love, or an unsatisfied passion. A case is reported in Frank's Physiological Magazine, of an unmarried female, aged twenty-six years, who conceived a violent passion for a man which could not be gratified, and who became demented in consequence. She sang and laughed all the time, and fancied herself pregnant. She was radically and permanently cured of her mania by the use of Veratrum.

In *Puerperal Mania* and likewise in *Puerperal Convulsions*, Veratrum may act a good part. The mania may be characterized by wild shrieks, excessive mirthfulness, bloated face and protrusion of the eyeballs; the convulsions are accompanied by violent cerebral congestions, bluish and bloated face, protruded eyes, coldness of the extremities, collapse of pulse, expression of fright and anxiety in the features, heavy stertorous breathing. In these nervous affections the first six attenuations may prove the most useful.

Veratrum affects the menses. It has caused a menstrual condition like the following: Premature and profuse menstruation preceded and even accompanied by headache, nose-bleed, nausea, buzzing in

the ears, pains in the limbs, and finally gritting of the teeth, bluish face, delirious talk.

This group of symptoms shows that in abnormal conditions of the female sexual system, where this species of metrorrhagia constitutes a prominent symptom, Veratrum may be of great use.

If these abnormal nervous conditions, erotomania, nymphomania, should result from a sudden and violent suppression of the menstrual discharge, Veratrum may succeed in restoring the discharge and removing the mental disorder.

RESPIRATORY GROUP.

The action of Veratrum upon the respiratory organs is in the main characterized by the following symptoms. It produces these symptoms by its irritating action upon the pneumo-gastric nerve.

Aphonia, loss of voice;

Titillation in the throat-pit, with dry cough;

Spasmodic cough, with blue face, suffocation, retching, a group of symptoms which commend Veratrum to our regard in

Whooping-cough;

Spasmodic constriction of the chest, with suffocative breathing, and excessive præcordial anguish.

These symptoms suggest the use of Veratrum in

Spasmodic Asthma, with dreadful paroxysms of suffocation, especially when this disease was caused by the violent suppression of an inflammatory eruption upon the chest or neck, an acute rash, for instance; and in

Angina Pectoris, with dreadful anguish and oppression in the region of the heart.

EXANTHEMATOUS GROUP.

We have seen that Veratrum causes an eruption of red spots. This is purely symptomatic and may simply confirm the use of Veratrum in other more universal affections.

FEVER-GROUP.

Veratrum is particularly indicated in

Remittent Fevers, with a tendency to the typhoid form, internal heat and coldness externally, a good deal of thirst, sore mouth, burning heat in the epigastrium and bowels, oppression on the chest, congestion about the head, diarrhœa or else costiveness with distension of the bowels, prostration, sopor.

In *Yellow Fever,* Veratrum may be of use in the last stage, the stage of *black vomit,* with spasmodic vomiting and retching, agonizing burning distress in the pit of the stomach. We give from the 1st to the 6th potency. Previous to this stage, our main-stay may probably be Arsenic with the following symptomatic indications: "The skin is burning and dry, yellow; the eyes have a yellow.

tinge and look glassy; the vomiting returns and causes great distress; the substance which is thrown up is darker, and the burning in the epigastric region sometimes is most agonizing, and is accompanied with great tenderness to the touch; the thirst is constant and unquenchable; the patient begins to wander, and the pulse, which is generally strong and bounding in the inflammatory stage, becomes quicker and softer.

These symptoms are described as the second or typhoid stage of the fever, which may last for some hours or even several days, Then it is that black vomit sets in, when Arsenic 6th to 12th, and Veratrum may be given in alternation.

MENTAL GROUP.

Veratrum causes excessive anguish, rage or craziness. It causes a Hypochondriac depression of spirits, with costiveness, weeping mood;

Furious mania; the patient attempts to tear and bite; he chews his own shoes, does not know his own relatives. It also causes

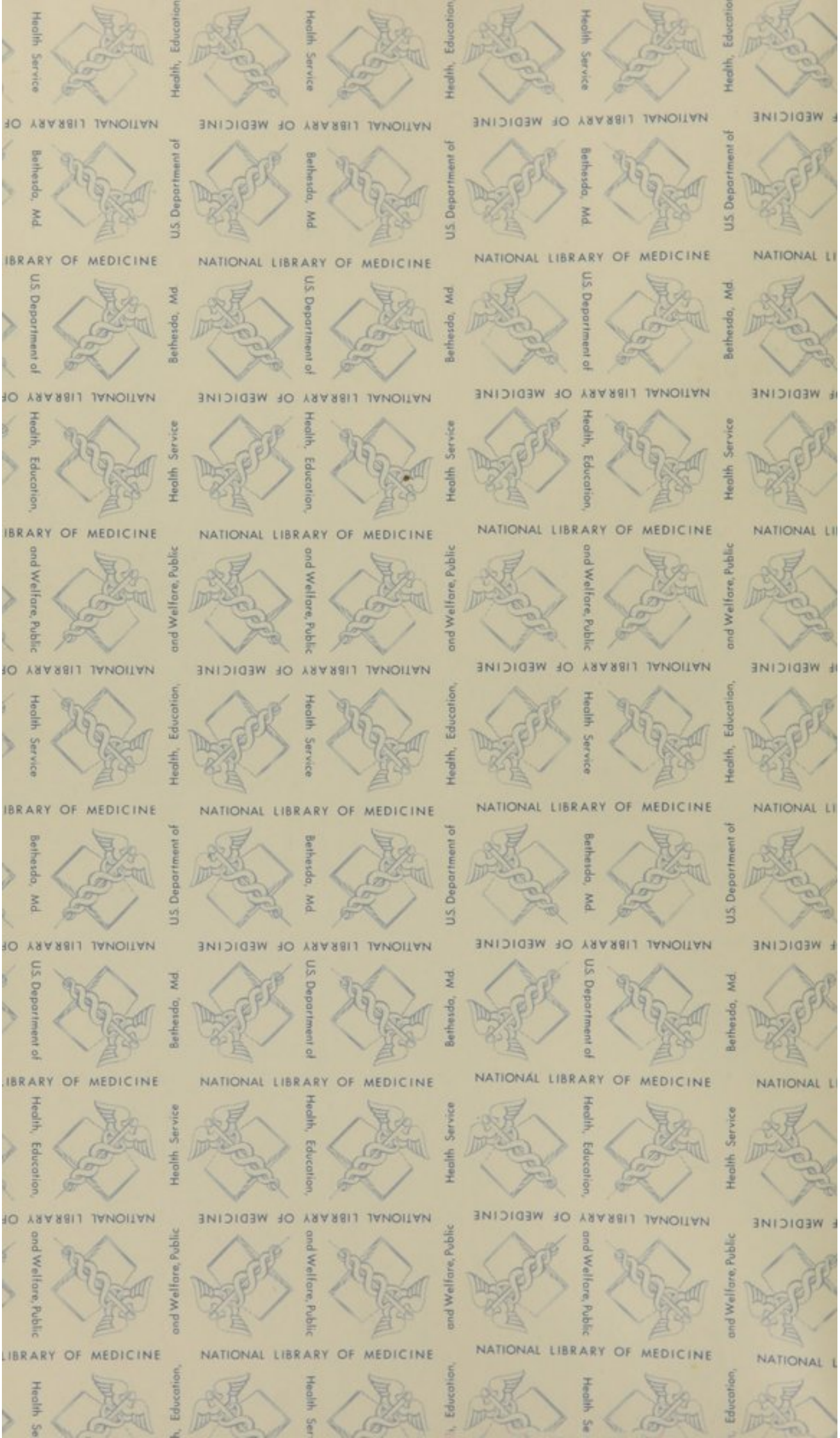
Craziness, she claps her hands, runs about, her chest full of phlegm.

She screams and runs about, her face being dark blue.

These few symptoms point out the different forms of

Mental Derangement, where Veratrum may prove of service. Those which arise from menstrual irregularities, and to which Veratrum is specifically adapted, have been pointed out before.

The ancients have employed this drug with a sort of barbarous consistency in the treatment of mental derangements. The white and black Hellebore are supposed to have been used indiscriminately for such purposes. The treatment which is historically known as the helleborism of the ancients, was chiefly conducted on the island of Anticyra in the Greek Archipelago, upon the principle of kill or cure, consisting of a course of evacuations by the mouth, bowels and skin, which either drove all the devils out of the poor possessed, or else consigned him to the land of Stygian shadows.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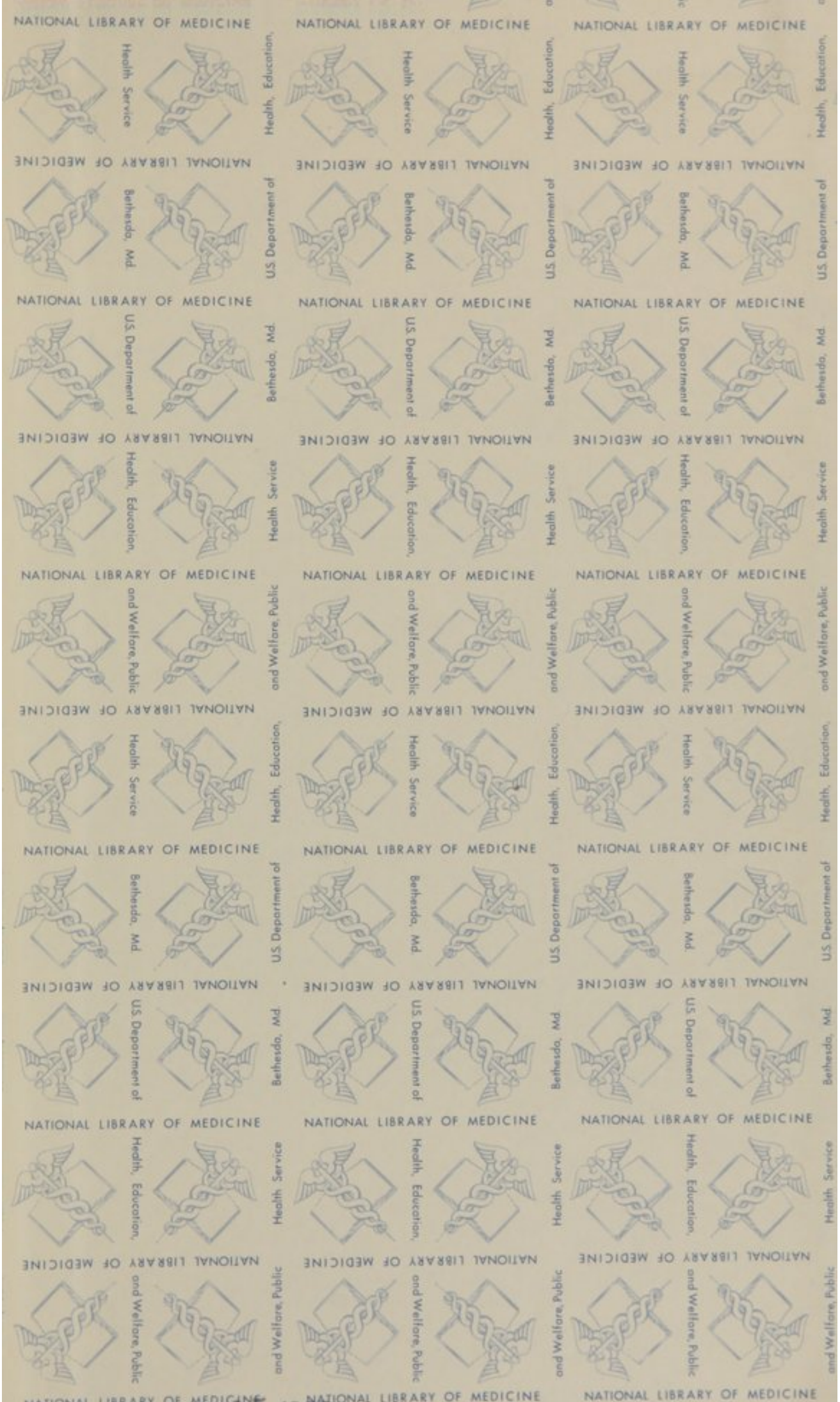
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