

## 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 exist 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 gonorrhoea, 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 dysentery; but have we not a right to infer from the general inflammatory 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 centers 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, hut 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 allopathic 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 accompanied 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 rale, which can be heard at a distance.

And do not the chest-symptoms of Aconite delineate *Pneumonia*? The dry and tearing cough, the dyspnoea, and orthopnoea 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 fullness 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, accompanied 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 homoeopathic 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 accompanied with a plaintive and whining mood, anguish and ill-humor, or with oppression of breathing?" If these symptoms are accompanied 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 sticking 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 allopathic 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 allopathic 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 homoeopathicity 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 diarrhea, white stools, with red urine; discharge of black, fetid, fecal 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 homoeopathicity 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 homeopathic 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 contactor 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 *erysipelalous*, *rheumatic*, *neuralgic* or *arthritic*, *scrofulous* and *diphtheritic* inflammations.

*Erysipelalous 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 erysipelalous 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, homoeopathic 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 homoeopathic medicines, I gave her the 80th 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 dyspnoea, 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, front 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 homoeopathic to *rheumatic inflammations*, and that they embrace a very wide scope. Besides being in homoeopathic 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 show 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 homeopathicity 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 scapulae 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 allopathic 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 consequence 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, dyspnoea, 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 dyspnoea: 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 homoeopathic. It is homoeopathic 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 homoeopathic 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 haemorrhagica*, or *Morbus Maculosu Simplex*, is another morbid condition of the capillaries to which Aconite is homoeopathic. The pathological character of this disease is in many instances a weakness or abnormal relaxation, with deficient irritability, of the capillary tissue, inconsequence of which exudation takes place from the mouths of the capillaries, and consequent infiltration of the subcutaneous cellular tissue. Hence the purple spots, petechiae 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 *Hemorrhage*? What admirable healing properties does Aconite possess in this disease ! We have many medicines for hemorrhage; Squills, Millefoil, Ipecacuanha, Arsenic and other agents, will respectively arrest hemorrhage from various organs of the body. A characteristic sign of hemorrhage 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 hemorrhage. The blood sometimes issues from the mouth in copious quantities, fluid blood mixed with coagula.

In *Epistaxis* or nose-bleed, *Pneumorrhagia* or pulmonary hemorrhage, *hematuria* or hemorrhage from the urethra, 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 hemorrhage 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 hemorrhage 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 homoeopathic, 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, apnea, 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.