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 homoeopathic 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 In the year 1666 this edict was revoked at the request of the Medical Faculty of Paris, one hundred and two members of which gave their assent to the use of antimonial preparations.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 homoeopathic 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 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 centers of organic life, yet it does not seem to make any great inroads upon the cerebral centers; 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 diarrhea 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 disorganizing 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 diarrheic 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: fullness and distention of the bowels: frequent tendency to emission of foul-smelling flatulence; tendency to diarrhea, the evacuations consisting of foul-smelling mucus, or alternate tendency to diarrhea 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

Copious diarrhea 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 diarrheic 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 mucus 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 saburrae; derangements of the primae viae. 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 saburrae, and it was therefore a matter of importance 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 homoeopathic 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 diarrhea, or a tendency to diarrhea, 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 diarrheic 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 diarrheic 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 homoeopathic 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 oft' 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 papulae 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 *hum ida,* 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;

Mollnscum, 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, and 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 strophnlus, 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 primae viae, 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 diarrhea, or will increase the urinary secretions in case the emetic or cathartic action does not develop 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 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 diarrhea 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, diarrhea 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 *Diarrhea* and *Lienteria,* to which I have already directed your attention; I mean the diarrhea 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, hemorrhage 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, diarrheic discharges consisting of disorganized lymph and mucous, or alternate diarrhea 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 Gonorrhea,* 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. Allopathic 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, diarrhea, 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 inhaled. 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 homoeopathic 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 homoeopathicity 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 POTASSAE TARTRAS.

(Tartrate of Antimony and Potash, Tartar Emetic)

The term *Stibium* is more especially applied to this salt by homoeopathic 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 Easori 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. Recamier, chief physician to the Hotel-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. Recamier 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 diarrhea. 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 homoeopathically 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 marvelous 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 Recamier. 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 shuddering over the whole body, cold sweat, nausea, retching, disposition to vomit; after the third dose violent praecordial 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 seem 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 traveling 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 esophagus 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 diarrhea 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 uniform 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 praecordial 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 praecordia 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 diarrhea, 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 homoeopathic 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. Either 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 homoeopathic 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 homoeopathicity 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 homoeopathicity 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 homoeopathic to small-pox. This remark applies with equal force to the use of Pulsatilla in measles, Belladonna in scarlatina laevigata, Sulphur in scabies, Aconite in purpura miliaris. Furthermore, if Tartar Emetic is homoeopathic 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 homoeopathic to small-pox, or, in other words, which is capable of developing in the organism a morbid process analogous to that of smallpox, 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, heal and redness in the throat, as also an internal eruption; large pustules, with depressions in their centers, 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 ptylism 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 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 homeopathicity to certain forms of

Delirium tremens. One of out 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 celiac 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 homeopathic agent. If therefore, Dr. Gray 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 he comatose condition of the patient can be traced to a primary irritation of the celiac plexus through the mucous lining of the stomach.

It is fair, moreover, to observe that in the fatal case reported by Dr. Recamier, 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 uniformly 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 he 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 contain 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.

CEPHALIC GROUP.

DELIRIUM TREMENS, as shown by Dr. Moore. One of our practitioners, Dr. Moore, 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.

Apoplectic conditions of the brain, with retching, for which Dr. Gray recommends Tartar Emetic in doses of one-sixtieth of a grain.

Calvus 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 General de Mudecine, 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 homoeopathic 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 homoeopathic 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, goiters 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 homoeopathic practice, as

long as we are satisfied that the remedial agent is in true homoeopathic 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 homoeopathicity 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 esophagus, 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 esophagus.

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, spasmodic constriction of the esophagus 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 homoeopathic 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 stomachache 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 homoeopathic 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 stomachache or angina as point to Tartar Emetic as their homeopathic 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,

A 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 homoeopathic, 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 maybe super induced 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 homoeopathic agent, but that it may prove of decided advantage in degenerations of this organ which set in with violent diarrhea, 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 diarrhea, 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 homoeopathicity 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 homoeopathic, 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 *Leucorrhoea,* 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 homoeopathic 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 homoeopathic 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, yellowness 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-poietic 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 drags 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 homoeopathic physicians should not countenance in case where strict homoeopathic treatment is not only possible, but infinitely superior.

However, the specific homoeopathic 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; aphthae 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; diarrheic 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 scillae 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 homoeopathic 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 36 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 homoeopathic 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 praecordial 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, Kermea mineral* and the golden *Sulphuret* of *Antimony* are not used by homoeopathic 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 escharotics in a case of figworts and callous ulcers. We may apply it to figworts around the anus.