

LECTURE VII.

SEVENTH CASE.

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

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

The leading features in this case are the precursory symptoms of *paralysis* which constitute a characteristic indication for Aconite whenever paralysis threatens to set in. The tingling and prickling

sensation in the extremities, accompanied by a sense of numbness, a feeling of heat and heaviness in, or else coldness of the extremities; dizziness, sickness at the stomach and vomiting of bile; heavy, sluggish, or else irregular and intermittent pulse; these are symptoms which call for the immediate exhibition of Aconite, if we wish to prevent a paralytic stroke.

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

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

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

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

EIGHTH CASE.

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

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

the look is extinct, voice scarcely audible; half an ounce of extract. August 12th, restless night; the patient left her bed several time, was unable to lie down without help; they bound her; she experienced great anxiety; took no medicine. In the evening, loss of speech, stupor, her eyes were closed, the facial muscles spasmodically convulsed; lockjaw set in; her breathing became slow, labored; the pulse quick and irregular; the skin burning-hot. The patient was bled one pound. August 13th, the jaundice is less, but the other symptoms worse; the abdomen is distended: the blood which had been drawn, has a yellow appearance at the surface, with a soft crust. Bled again; barley soup, six grains of tartar emetic, and two injections each containing twenty grains of tartar emetic. In the evening, the symptoms are worse. Bled again one pound. 14th, torpor, labored breathing, with rattling. Again barley-soup and tartar-
emetic, but the patient died.

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

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

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

NINTH CASE.

Baldriani, district physician at Brescia in Italy, relates the following case of poisoning in a letter to Professor Giacomi, of Padua: "On June 11th, twelve patients, some of whom were affected with scurvy, others with pellagra, and who had been taking for some days the recently expressed juice of Cochlearia or scurvy grass, in doses of three ounces, complained of feeling sick an hour after taking the medicine. These complaints were not heeded. A patient, sixty years old, and who had scurvy, was most affected. The physician, who had not the least suspicion that the patients had, by mistake, been given the juice of Aconite, instead of Cochlearia, found great anxiety and dyspnoea, with inclination to vomit; thinking

that these symptoms arose from some gastric irritation, he prescribed a good dose of castor-oil, and had a large blister applied to the chest. The anxiety now increased enormously, and the prostration of strength soon terminated in death. At the same time two women who were about fifty-five years old, and who were in the asylum for mania and pellagra, likewise took the juice of Aconite. They soon felt sick, dyspnoea set in, then convulsions, followed by paralytic debility, and death.

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

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

From these cases we learn that Aconite depresses the bodily strength and spirits, and that it has a specific power of disturbing the biliary secretions; hence the vomiting of green bile, and alvine evacuations of the same character. Note this symptom, Gentlemen: it tells you that

Aconite is a remedy for *diarrhea*, if the stools consist of green bile, *bilious diarrhea*; also for *cholera-morbus*, where green discharges from the bowels and green vomiting are often present; in *bilious fever*, or in *rheumatic fever*, with discharges of green bile, Aconite is indicated. Nothing depresses the action of the lungs more intensely than the presence of bile in the pulmonary capillaries; hence this agonizing dyspnoea which Aconite is capable of producing, and which it will of course be able to remove. Taking the whole group of these symptoms in their complex, prostration of strength and spirits, vomiting and alvine discharges of green bile, agonizing oppression on the chest, blue nails, cadaverous coldness of the extremities, collapse of pulse; I say, taking these symptoms in their complex, you have as complete a group of symptoms indicative of *cholera-morbus* as you can find recorded under any drug. Even *Asiatic cholera*, in the first invasion, frequently presents this group of symptoms; with a few doses of Aconite you will often succeed, if these symptoms are present, in arresting the development of this frightful disease, and bringing about a triumphant reaction.

TENTH CASE.

Dr. Shervin reports the following case of poisoning by Aconite, in the London Lancet. He had been macerating one and a half pounds of Aconite root in one gallon of Alcohol, and left it within reach of the servant girl. Two days after he had mixed his ingredients together, he was suddenly called home; the girl had been taken ill. "He found her lying on her back, with staring looks, contracted pupils, livid complexion, rigid jaws, coldness of the extremities, collapse of pulse, short, imperfect and labored respiration, feeble beating of the heart. At times she would sigh, throw her arms about, and a rattling noise and vibratory motions of the trachea were perceived. It appears that the girl had put some of this tincture in her mouth for a toothache, and afterwards had swallowed it. The doctor gave her half a drachm of sulphate of zinc, to vomit her; after which the pulse returned and she was better able to see. After a while, bilious vomiting took place, which was accompanied by collapse of pulse; the patient complained of violent pressure in the head and in the praecordial region. Symptoms of cerebral congestion being apparent, the patient was bled from the jugular vein, twenty ounces of blood being drawn; she felt easier, it seemed to her as though she had been transported from a narrow, dark and hot room into a light chamber. After the venesection she had several more but less violent attacks of vomiting, the pulse became fuller, fifty-eight per minute, but intermitted after every fourth beat; the praecordial anxiety was less. The pulse gradually rose up to seventy and, towards evening, up to one hundred, the skin being hot and dry. Next day the pulse remained small; she had slept but little; her

tongue was coated, she complained of headache; the hands felt numb. On the day following she was well again. After swallowing the tincture, she experienced the following symptoms as reported by herself: first I felt a prickling in the arms and fingers, numbness in the shoulders, tongue and mouth, and finally in the legs and feet; after this, a sense of swelling in the face and constriction of the throat; I looked in the glass, and my face looked blue and disfigured, I made an effort to go to bed, but my strength gave out and I fell down. It was at this stage that the doctor saw her.

This is likewise an instructive case! We learn from this case, beside the usual symptoms which we have noticed in other cases, such as green vomiting, collapse of pulse, loss or decrease of sight, that Aconite, during the period of reaction, by which we mean the period when the vital forces begin to react against the depressing effects of the drug, induces a state of inflammatory fever, with full and rapid pulse, hot and dry skin, headache, coated tongue, etc.; hence we infer that Aconite is a remedy for inflammatory fever, characterized by similar symptoms, such as dry and hot skin, full and rapid pulse, headache, etc. Now, if you remember, Gentlemen, that Aconite causes bilious vomiting, vomiting of green bile, you have an excellent group of indications for *bilious fever*, with hot and dry skin, full pulse, coated tongue, bilious vomiting; or for *gastric fever*, which differs from bilious fever more by the apparent symptoms than by the actual character of the disease.

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

ELEVENTH CASE.

Dr. Pereyra of Bordeaux reports the following case of poisoning by Aconite in the Gazette des Hopitaux, March 26th, 1839: "In May, 1838, a man of forty-five years was attacked with acute rheumatism, and was received in the St. Andrew Hospital of Bordeaux. On the 19th of December, seven months after his reception in the hospital, the man was still affected with rheumatism, *livery* possible remedy had been tried in vain. The patient was placed under the care of Dr. Pereyra. The disease seemed to have principally localized itself in the knee-joint. The patient had to walk on crutches, dragging himself along with great difficulty. Dr.

Pereyra gave him the alcoholic extract of Aconite. He commenced with two-grain doses, which he gradually increased to five-gram doses morning and evening. The patient had taken already twenty doses of Aconite, was much improved and began to walk. The medicine having given out, a new supply had to be ordered. This new extract was given to our patient and to various other patients in other wards. Next morning it was found that several persons had been poisoned. Our patient had taken five grains of the new extract at five o'clock in the morning. In a quarter of an hour he experienced as usual a certain tremor and tingling in the limbs, which was accompanied with stinging pains. While taking the former extract, these symptoms used to disappear in about half an hour after taking the medicine, but now the stinging pains became worse and worse, and the tremor increased to convulsions. In the mouth and throat the patient experienced a sensation as if he had swallowed strong pepper. Soon after, he vomited up all the contents of the stomach, during the convulsions, the patient lost his consciousness. As often as consciousness returned, the sight was dazzled. He complained of a seated pain in the head, as if the head were encircled by a hot iron. Pulse irregular and slow. These symptoms were sought to be antidoted by coffee. At ten o'clock, five hours after the patient had swallowed the Aconite, Dr. Pereyra observed the following symptoms: pale face, showing an expression of anguish and restlessness; great mobility of the eyes; the patient is restless, tosses about and likes to change his position; contrary to his habit he seems fond of talking a good deal and hurriedly; *cold tongue* as in the case of cholera-patients: sense of burning in the fauces and esophagus; vomiting of mucus; orthopnoe, twenty-five inspirations per minute; pulse fifty-four, irregular, soft and full, as if the volume of blood did not fill up the arteries; auscultation revealed natural breathing in front, and a mucous rale posteriorly. The heart showed several striking symptoms. The apex of the heart beat only once against the wall of the thorax, whereas three pulsations were distinctly felt at the wrist. The beats of the left ventricle were synchronous with the beats of the radial pulse. The right auricle seemed to be convulsed; its movements were rapid, irregular, and bore no proportion to the beats of the ventricles. Gradually the extremities began to grow cold. No alvine discharges. Neither sinapisms nor warm glass-cups could restore the vital heat of these parts. Dr. Pereyra regarding this group of symptoms as an exact representation of Asiatic cholera, he gave his patient an infusion of *Guaco* which he had found an exceedingly efficacious remedy during the paralytic stage of the cholera; this infusion was given for the purpose of stimulating respiration and the beats of the heart; two drachms of liquor Ammoniae were likewise given; frictions with the tincture of Cantharides were made upon the praecordial region and back. Towards evening reaction set in, and next morning the patient was well: his rheumatism was gone, not a trace of it had remained behind.

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

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

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

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

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

Excessive restlessness with great mobility of the organs of speech.

Cholera-coldness of the tongue.

Burning in the esophagus.

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

Diminution and irregularity of the heart's action.

Utter extinction of the rheumatism.

Expression of agony in the features.

Excessive sanguineous engorgement of the lungs.

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

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

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

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

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

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

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

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

TWELFTH CASE.

The following exceedingly interesting case of poisoning by Aconite has been reported by Dr. F. Devay, supplementary physician to the Hotel Dieu of Lyons in France, in the Medical Gazette of Paris, January 5th, 1844: "On the 26th of October, 1843, about 8:30 o'clock in the evening, Charles Grimaud, assistant in the pharmaceutical laboratory of an apothecary of Lyons, while eating his supper, swallowed about thirty-two scruples of the tincture of Aconite, which he had poured into a dark bottle on the morning of the same day, and had placed by the side of

another similar bottle that contained the wine which he was to drink at supper. Immediately after swallowing the tincture, he experienced a sensation of warmth and constriction in the throat. Having discovered his mistake, he took about a grain of Tartar emetic dissolved in a large quantity of water. This, however, did not excite any vomiting. His restlessness now became excessive; he was utterly unable to remain quiet, and complained about his throat and of a burning in the esophagus. As soon as the apothecary returned home, Dr. Devay was sent for. It was 10:30 o'clock. The patient was 35 years old, of a lymphatic sanguine temperament, robust constitution, and begging for help in a state of the utmost fright. His anxiety was so great that he was utterly unable to remain quiet. I asked him to sit down, but he immediately rose again. I had to walk up and down the room with him, in order to ask him questions and obtain a knowledge of his symptoms. His mental and sensual functions were undisturbed; the tongue exhibited a whitish coating; he complained of nausea. No colic. I observed that the first effect of the poison had been to attack the organs of locomotion, especially the lower extremities, which the patient moved incessantly, even while sitting on a chair. While walking about the room, his legs trembled. This gave to his gait the appearance of staggering. I gave him an emetic composed of nearly 2.50 grains of Tartar emetic, 16 grains of powdered Ipecacuanha, the whole in 4 ounces of water. The patient swallowed it hurriedly. He complained of an acute pain in the fauces and esophagus, and showed excessive restlessness and dread of death. In about 7 or 8 minutes copious vomiting took place. About 11 o'clock in the evening, the patient was unable to remain standing; he was attacked by a peculiar sort of convulsions; the upper and lower extremities were turned inwards, the fingers were clenched and the thumb turned inwards, so that it was impossible to open his hand. There was no concussion. His face was covered with a cold, clammy sweat. The eyeballs were rolled upwards, so that only the whites could be seen. The expression of the countenance was frightful. The pulse at the wrist and temples had entirely vanished. This paroxysm of convulsions lasted about three minutes, and was succeeded by prostration. The patient complained of experiencing extreme anguish; he felt that his end was approaching. His consciousness was not disturbed, although the patient seemed every now and then to lapse into a state of stupor, from which he however speedily roused himself in order to call for help. He would close his eyes, with his head hanging down, after which he suddenly raised" it again like one who, having fallen asleep standing, or sitting on a chair, is suddenly roused from his slumber. His visual power had become extinct; he was unable to distinguish either persons or other surrounding objects. He had to vomit several times after this, and every attack of vomiting was followed by a paroxysm of convulsions.

"About 12:30 o'clock the symptoms continued the same; the anguish and agony of the patient were extreme. Alternate paroxysms of convulsions

and nausea. Another emetic was given, and water and vinegar ordered as a beverage in tablespoonful doses. About one o'clock the sight returned, but the paroxysms of convulsions were as frequent as before and more violent; the temperature of the skin became less and less. The patient began to shiver and finally became cold as ice; his countenance assumed the expression which we characterize as hippocratic; his head was powerfully drawn backwards; during the spasms his joints would creak. The breathing became stertorous; the mucous rale was audible at a distance. In spite of this agonizing condition he understood every thing that was told him, nor did he experience any colic. Even after the first convulsive paroxysm the palms of his hands had lost the faculty of sensation so completely that he did not feel the prick of a needle, even if pushed pretty deeply into the flesh. The abdomen remained warm. Sinapisms were applied to the whole body, except the abdomen, and a solution of Iodine in water was administered, 4 grains of iodine, 48 grains of the iodide of potassium, dissolved in 8 ounce's of water. About 3 o'clock in the morning, up to which hour there was no change in the symptoms, the beats of the heart again became perceptible; the pulse could be felt again; the warmth of the skin returned and the patient felt more comfortable. An infusion of mint was administered with 48 grains of the spirits of Mindereri, or the well-known acetate of Ammonia, first described and introduced into medical practice by Boerhaave. About 4 o'clock the patient began to look better; a copious, warm sweat broke out; the pulse had risen up to 125 beats; the palms of the hands had recovered their sensibility; the breathing was natural. The patient was now given an infusion of couch-grass or *Triticum repens*, with nitre and syrup. At 6 o'clock, he slept for half an hour. On waking he complained of feeling sore and bruised all over. An injection brought away a mass of black and exceedingly fetid stool. A small quantity of urine was passed, which looked cloudy. The abdomen was painless and soft; tongue moist and coated white. During the two days following, there were no new symptoms. The sleep was rather restless. On the 29th, the patient was able to leave his room; his appetite had returned; barring an expression of fright and imbecility which still was perceptible in his countenance, all the other dreadful symptoms had entirely disappeared."

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

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

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

Third symptom. Excessive *pain* and *burning* in the esophagus.

Fourth: *Epileptiform, convulsions*: the fingers were spasmodically closed; the thumbs clenched, and the legs drawn in; these convulsions occurred in paroxysms at more or less regular intervals and were accompanied by mucous rale and stertorous breathing, symptoms that are usually present in this form of convulsions. Now, Gentlemen, this symptom shows the great power which Aconite must necessarily possess in the treatment of convulsions; but remember, they must be convulsions where the brain is only secondarily affected. In the present case we have seen that the patient retained his consciousness and remained in full possession of his intellect from first to last; hence the brain could not have been primarily affected by the poison, and the convulsions must have been the result either of some secondary irritation of the brain, such as might have been induced by violent sanguineous engorgements of the cerebral vessels and consequent pressure upon the brain; or they must have resulted from some direct lesion of the functional equilibrium of the peripheral system of nerves. We have several convulsions of this kind which we are often called upon to prescribe for: such as epileptiform convulsions, where the neck, trunk, or extremities may be tetanically convulsed, rigid and distorted!, and where the fingers are spasmodically closed and the thumbs clenched; the eyeballs may likewise be frightfully rolled about in their sockets, sideways, upwards or downwards, and froth may appear at the mouth.

Another class of convulsions, to which the present paroxysm points, are *puerperal convulsions*, or *eclampsia*; these convulsions sometimes occur to parturient females, and as far as we may be guided by post-mortem appearances and by the symptoms existing during the life-time of the patient, these convulsions result, not from a primary derangement of the cerebrum, but from some secondary irritation of this organ, more particularly from capillary engorgement induced by the deficiency of animal energy which is more specifically generated by the cerebellum. The development of the fetus is essentially an animal function, a function pertaining to the animal sphere, of which the cerebellum is the central organ; if the cerebellum is unable, in consequence of some inherent weakness, to respond to the stimulating action of the cerebrum, what must be the inevitable consequence of this want of harmonious equilibrium between the two central organs of vitality? The inevitable consequence must be that the cerebellum, being unable to properly use the supply of blood which the cerebrum, in its capacity of supreme guardian and preserver of vitality is continually sending to the uterine organs, permits the vascular engorgement thus established to react upon

its source, the cerebrum, and to occasion an engorgement of the cerebral capillaries which must inevitably lead to convulsions, and, unless this engorgement is removed by some means or other, to rupture of the capillaries, effusion into the cerebral tissue, and consequent death of the patient. Old-school physicians endeavor to relieve the brain by bleeding or by extracting the fetus by artificial means; but in our practice we may resort to the use of Aconite, which is endowed with a specific power of developing, by its peculiar action upon the cerebellum, precisely such a train of symptoms as we find described in the books under the appellation of eclampsia and as we are often called upon to treat in the sick-room. Mark this well, Gentlemen, that Aconite exerts its specific action in the animal economy not upon the cerebrum, but upon the cerebellum, and, that the cerebral symptoms which indicate the use of Aconite, are indications of some secondary or sympathetic irritation of the cerebral organ. If you keep this distinction in view, and if, by observation and thought, you endeavor to acquire a more and more lucid, positive, and I might say, intuitive perception of this and similar facts, you will find that medicine is not necessarily and constitutionally, as it were, an uncertain and vague science; you will find that, where the mere symptomist sees nothing but symptoms, darkness and confusion, the philosophical homoeopathist, who knows how to interpret the meaning of symptoms and determine their character and value, and their relation to the central organs of life, sees light, order and beautiful harmony in the midst of the desolating processes exhibited to his view by the organism of a suffering creature.

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

Our next, and a **most interesting symptom**, is the condition of the pulse which rose up to one hundred and twenty-five beats. Most of you are doubtless acquainted with the fact that we prescribe Aconite as a specific remedy for *simple inflammatory fever*, and this symptom shows that such a prescription is in strict accordance with the specific action of Aconite upon the human system. In the present case, the patient's pulse was in the first place depressed even to complete collapse, and the skin was icy-cold. This icy-coldness of the skin was ushered in by a well-marked chill. This is the primary effect of Aconite upon the circulation: depression and even collapse of the pulse, diminution of the temperature of the skin, accompanied or preceded by a chill, a sense of cold creeping, shivering. The reaction which the organism sets up against these symptoms, is marked by opposite conditions, heat, increased rapidity and fullness of the pulse, sometimes rising, as in the present case, up to one hundred and twenty-five and even to a larger number of beats. These two

conditions, although they seem to be antagonistic to each other, yet come both of them within the curative range of Aconite. These two conditions, the previous depression and subsequent exaltation of vitality constitute two phases of one and the same functional process, just as the violent contractions and subsequent atony of the uterus constitute two phases of another functional process to which I shall direct your attention when speaking of Secale. The previous negative and the subsequent positive condition of the circulatory system make up the sum total of the vital energy normally belonging to it, and all that we have to do, in order to restore the harmonious movements of this system, is to give a remedy that shall free the capillaries from their spasmodic torpor and thus enable the column of blood to flow through the body from one ventricle to the other with undisturbed rhythmical ease. This purpose is accomplished by means of Aconite which, if it should be found inadequate to a complete removal of the difficulty, will, at any rate, pave the way for the exhibition of the next remedial agent. If we prescribe Aconite during the chill, it will not only hasten the febrile reaction, but will likewise shorten its course; and if we prescribe Aconite during the febrile reaction, the therapeutic effect will be the same, viz.: the restoration of the natural rhythm of the pulse, and the normal temperature and secretions of the skin.

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

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