

LECTURE VIII.

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

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

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

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

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

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

Thirdly we have

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

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

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

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

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

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

Far be it from me, my friends, to find fault with Hahnemann's prescriptions. But look at the symptoms; look at this suffocative or spasmodic constriction about the larynx, at this distress for breath, at this general prostration of the system, at this universal feeling as if the limbs had been bruised by blows, and what more complete picture of an Aconite-group of symptoms can be found than is presented by this description of Hahnemann's illness. Gentlemen, if I had had charge of our illustrious patient, I should have given him the second or third attenuation of Aconite, a drop or two in a tumblerful of water, in small tablespoonful doses every two or three hours, and I feel persuaded that the disease would have speedily terminated in perspiration and recovery.

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

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

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

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

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

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

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

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

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

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

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

One was a man about forty years old, good constitution, rather phlegmatic temperament, in good circumstances and not much oppressed with care. He had a paralytic stroke, and for some six or seven weeks was treated by a botanic physician without the least benefit. When I saw the patient, the following group of symptoms presented itself: The patient was hardly able to staler about the room; his sight which was naturally very good, was so impaired that he was unable to read the largest sign across the street; his memory was likewise damaged; though naturally intelligent, there was an expression of imbecility in his features; he was only able to stutter out a few words; when attempting to count, he would skip two or three numbers, 1, 2, 5, 6, 9, etc. When attempting to read, he would sometimes commence in the middle of a line, or he would skip two or three lines, or road one word for another, good for great, etc. Sometimes he would only see the half of a word. His appetite was poorly, tongue coated white, foul taste in the mouth, fetid breath, pulse exceedingly irregular, intermittent and rather depressed. I put him on the use of Aconite, and in about three weeks the patient's health was completely restored, and he was able to walk about three miles down town to his place of business.

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

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

regained her usual health. In this case the timely use of Aconite undoubtedly prevented an apoplectic stroke.

Another lady, of a very full habit of body, and subject to severe congestive headaches, was suddenly attacked with the following symptoms: Apoplectic state of the head, a sort of stupor, expression of intense distress in the features, dark flushes on the cheeks, unnatural contraction of the pupils, paralysis of the tongue which seemed immovable, and a slow and hard pulse. I gave her Aconite in water every five minutes; already after the first dose the pulse began to rise, and after the second or third dose she was able to answer a few questions. She stated that she had felt like one dying, and that her tongue had been entirely paralyzed. She was entirely restored in a few days.

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

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

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

Paralysis of the sentient sphere, may likewise be cured by Aconite. Complete *loss of smell* for instance, or *anosmia* as it is termed, which has a catarrhal origin, will yield to the use of Aconite. You may be called upon to treat such a case, the Sehneiderian membrane is as dry as a chip, and the olfactory nerve is so completely paralyzed that the patient is utterly unable to distinguish the odor of sulphuretted hydrogen from the most delicious perfume. Give your Aconite, Gentlemen, one or two drops of the first or second attenuation in a tumblerful of

water, in tablespoonful doses every hour or two, and your patient will soon recover the use of his olfactories. In such cases which are not at all infrequent, I have often given the concentrated tincture in water, and helped the patient in twenty-four or thirty-six hours.

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

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

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

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

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

Gentlemen, it is astonishing that an agent which is endowed with the most wonderful specific powers of curing paralysis, should not even be mentioned by our book-makers among the medicines which they recommend for this disease. Strange to say, even Teste does not allude to Aconite. Laurie assigns to it two meagre lines under apoplexy, and simply recommends it when there is fever. For

paralysis one author recommends Arnica, Bryonia and Sulphur, exceedingly feeble and often inefficient members of the paralytic group, another one recommends a whole batch of absurdly-chosen medicines which prove inadequate in any hands but those of bookmakers. There is but one true method of studying the therapeutic character of a drug; you must, in the first place, ascertain its pure physiological effects upon the system, and by these effects determine its use in the treatment of corresponding diseases.

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

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

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

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

Gentlemen, there are two classes of physicians in the homoeopathic ranks which occupy opposite extremes of our school. Both are more or less useful in their way, but both are utterly and radically wrong in their conception and definition of the homoeopathic law. At one extreme we observe a set of men who seem to be troubled with an incurable symptomatology; it seems to be their special endeavor to heap Ossa upon Pelion, and to storm the very Olympus where the god of

Medicine sits in council with his ministering angels. This is the modern Babel which threatens to destroy the beautiful simplicity of our system and the harmonious evolution of its progressive growth. It is from the physicians who occupy this extreme that we are periodically flooded by a deluge of imaginary symptoms, which not only have no parallel in pathology, but are utterly false because the merest product of a baseless and childish fancy. Look at your fluoric acid provings, some six or seven hundred symptoms, scarcely one of them of the least therapeutic value; scarcely one of them shadowing forth even the faintest outlines of such pathological disturbances as physicians are called upon to prescribe for. Who cares for your ten thousand little itchings, stings, jerkings, twitchings; for your myriad of insignificant pimples and spots; for your unmeaning gastric derangements, one prover complaining of a diminished desire for coffee or tobacco, another of an additional belching, another of a little more constipation and still another of a little more looseness than he is habitually subject to? If these symptoms were recorded as the more delicate shades of a grand physiological tableau marked by a few characteristic strokes of a master's hand, they might be received as necessary complements of a group; but when the whole mass of the so-called provings is made up of such insignificant trifles, unrelieved by a single telling and truly characteristic element, then we must, as conscientious practitioners, refuse our assent to such a frothy symptom-fabric and explode it as a monstrous and utterly useless bubble.

At the other extreme we have a set of gross materialists, the very antipodes of the former symptom-hunters. The homoeopathicity which they advocate, is based in a great measure upon a fancied similarity of post-mortem appearances, or even upon a similarity depending upon purely chemical changes. Thus, if in a case of poisoning, the mucous coat of the stomach is found softened, as for instance in poisoning by *Agaricus muscarius* or toadstool, where the mucous and muscular coats of the stomach have been found destroyed in one case, this is set down as an indication of the homoeopathicity of *Agaricus* to gelatinous softening of the stomach. Now, Gentlemen, you will understand that this resemblance of a pathological post-mortem appearance to a similar post-mortem appearance as occurring in disease, is not sufficient to constitute a true homoeopathic relation of the drug to the disease. In order that post-mortem appearances may constitute true homoeopathic indications, they must be in either case, in the event of poisoning as well as in the natural disease, terminations of the same dynamic process; in other words, both the drug and the disease must set up the same dynamic process in the system, and this process must terminate in the same or a similar pathological disorganization; hence the symptoms which characterize this process during the life of the patient, must likewise be similar; there must be similarity of sensations, of cutaneous appearances; and, if this similarity should hold good, from the incipiency of the two diseases, the drug-disease and the natural malady, down to the changes

revealed by a post-mortem examination, then and then only would a resemblance between the post-mortem changes of the drug-disease, and the post-mortem changes of the natural malady, constitute a therapeutic indication, and really and truly seal the homoeopathicity of a drug to some peculiar disease. It must be our endeavor. Gentlemen, to discard either extreme. Our School must stand forth as the cradle of that only true homoeopathic science which interprets the great law, "Similia similibus curantur," neither as the formula of Symptomana nor as a sign-post to the gross and disgusting materialism of a few vain-glorious boasters about pathology: we must teach our profession and the world that a drug is homoeopathic to a disease when the drug is capable of setting up a dynamic process in the system similar to the dynamic process set up by the disease; this similarity must extend throughout the whole of this process, from its first beginnings, from the very first perception of it in the sensorium down to the ultimate pathological degenerations, provided such degenerations are possible; very often the patient's vitality is thoroughly exhausted, and life becomes extinct before the disease has had a chance to exercise its degenerating ravages in the tissues. But let it be understood that the symptoms which characterize this dynamic process, in the case of the drug and in that of the natural malady, must be alike; I use the term alike, for the similarity must constitute an exact likeness of the artificial and the natural diseases; no proving can be accepted as genuine where the effects of the drug do not clearly and unmistakably point to some well marked disease, and, if we are otherwise satisfied, that the proving had been conducted in a thorough and conscientious manner, and if, in spite of our most devoted care and perseverance, the proving of a drug does not yield any decided results, we but fulfill a duty in rejecting all such provings as useless and complicating lumber. Unfortunately there are very few characteristic symptoms to be found among most of our modern provings. I care not what the cause of this utter absence of characteristic symptoms may be, a want of care on the part of the prover, or an inherent deficiency of medicinal power in the drug. The fact may be established by the most superficial perusal of these provings, that they present but few, very few marked and available indications as therapeutic agents. What right, Gentlemen, has any man or any set of men to palm such unmeaning trash upon our profession, and by means of the juggling hocus-pocus of an organization, a Provers' Union and so forth, invest the miserable caricatures of provings, with which our books are filled, with the sanctity of official orthodoxy? It is my right and my duty as your teacher, to point these things out to you as a blemish upon our fair science, and a scandal to all thinking and conscientious physicians. Look at that mass of rubbish, Jahr's SymptomenCodex, three large volumes, which I published some ten years ago. Always excepting Hahnemann's own original provings, the reprovings of the Provers' Union of Vienna, and the valuable additions extracted by Noack and Trinks from actual cases of poisoning, beside half a dozen short provings emanating from our own midst, what do the thousands of symptoms which are

piled up in this enormous reservoir of trifles, signify? Alas, nobody takes any notice of them; nobody studies them, nobody uses them in practice, for a very simple reason: they are utterly unmeaning and utterly unavailable. Gentlemen, you have a vast field before you. Let it be your earnest endeavor to simplify our Materia Medica, to purge it of its many weeds and enormities, and it will not be many years before Homoeopathy shall walk over the land like a goddess among gods.

The next disturbance which I have to recall to your recollection is *Bilious Diarrhea*. In one or more of our cases of poisoning the patients discharged green bile from the bowels. This condition of the bowels is apt to occur in summer and at the beginning of autumn, particularly among children. Aconite is one of the great remedies which we may effectually resort to in order to arrest this difficulty. This difficulty may arise from a weakness of the neck of the gallbladder; the constricting power of the neck being weakened by the heat of the weather and by the sudden alternation of hot days and cool nights, the bile is poured through the ductus choledochus communis into the bowels in inordinate and irregular quantities, and hence the constant irritation of the bowels and the frequent discharges of bilious stools.

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

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

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

Asiatic Cholera. The characteristic symptoms of this case were the coldness of the tongue, collapse of pulse, cramps in the legs, vomiting and diarrhea, and so forth. The attack resembled cholera so closely that Dr. Pereyra concluded to give his patient Guaco which he had found an efficient remedy during the paralytic stage of cholera. I have often found Aconite eminently useful, during the first

invasion of the disease, in restoring the pulse and rousing the vital reaction generally. Veratrum, Camphor, Arsenic, or perhaps some other remedy may be appropriately used after Aconite.

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

Dyspnoea, Orthopnoea, and if Apoplexy of the lungs can be said to be a curable disease, Aconite will cure this disorder. If we consider that in Pneumonia the lungs are exceedingly gorged with blood, Aconite must suggest itself to us as an invaluable agent in this disease. In pneumonia some of the most characteristic symptoms point to Aconite: the dyspnoea, orthopnoea, and, as I shall show you by and by, the cough, pain, rusty sputa, and the inflammatory fever, indicate Aconite as a prominent remedy. In

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

We have seen that in one case Aconite caused

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

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

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

We have seen that

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

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

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

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