

LECTURE IX.

AFTER having communicated to you a number of the toxicological effects of Aconite, I will now give you the prominent Aconite symptoms obtained by systematic provings upon the healthy. These provings have been conducted with a devotion and a conscientiousness worthy of so noble a cause. You will readily perceive the necessity of such provings. How could we know to what diseases a drug is homoeopathically adapted, unless we first ascertain in some way or other what effects the drug is capable of producing in the healthy organism? We know that these effects must represent some kind of natural disease. We know that drugs and natural diseases both emanate from the same source; that, in the case of the natural disease, the morbid principle invades directly the tissues of the organism at some opportune moment; and that, in the case of the drug, the same morbid principle or force acts upon the tissues of nature, if I may be permitted to use such a term, producing in the one instance the natural disease characterized and manifested to the senses by its own pathognomonic phenomena, and, in the other case, developing out of the soil and water of nature, under the stimulating influence of the sun's heat and light, its own material substratum or representative in the shape of some plant, animal or mineral.¹ Now in order that we may know what drug and what disease correspond with each other, in other words what drug and what disease have emanated from the same morbid essence, and are therefore in the closest possible therapeutic relations of similarity to each other, is it not evident that we have to ascertain by careful and systematic provings the effects which the different drugs are respectively capable of producing in the normally-existing organism?

But it is likewise evident that these provings must be conducted by men who possess the necessary amount of health, intelligence and observing and discriminating acumen. If the symptoms which we obtain through our provings, do not shadow forth in striking features the diseases which afflict humanity; if these provings are conducted in such a loose and flippant manner that the determination of the homoeopathicity of a drug to a given disease is mere guess work, these provings should be rejected without a moment's hesitation. Most of the provings with the so-called antipsoric remedies which we find recorded in Hahnemann's Chronic Diseases, have been conducted with the 6th up to the 30th, and some of these exclusively with the 30th potency. I have told you in a previous lecture that, in introducing these provings to his readers, Hahnemann remarks in a note, that many of the symptoms being unreliable, he had to reject a large number of them, in spite of which many vague symptoms had nevertheless to be permitted to remain. Many of our former and more recent provings are utterly useless in practice. Take for instance the provings of *Apis mellifica*. The

therapeutic range of this drug is exceedingly limited, not extending over more than half a dozen affections, and yet the pretended symptoms of this agent occupy some twenty octavo pages or more. Graphites has upwards of a thousand symptoms in our books, and yet we only use it for some cutaneous affections, a few menstrual irregularities and perhaps one or two gastric disorders. And these remarks apply to the larger number of our drugs. When will the period arrive when all these excrescences shall be expunged from our books?

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

It is not difficult to account for this opposition to the usages and teachings of Hahnemann. It is the natural reaction against the silly and pernicious absurdities, which some of the pretended leaders of the symptom-school have been guilty of. In the first place they have averted by their childish provings the more rigorous and scientific minds of our School; and in the next place, they have exposed the whole science of Homoeopathy to public derision by the ridiculous manner in which they have sought to apply our law of cure. What must rational men think, for instance, of Boenninghausen's recommendation to the German governments, to abolish vaccination and to substitute in its stead the use of Thuja as a preventive of small-pox? Upon what is this bold recommendation based? Why, simply upon the fact that among the physiological effects of Thuja we discover in one case a pustule, which is supposed to resemble the small-pox pustule. There is not the remotest similarity between the Thuja disease and the small-pox disease;

but because this one Thuja-pustule happens to resemble in its outward shape the small-pox pustule, Thuja is at once declared a specific for small-pox, and an infallible preventive against this frightful disorder. This levity must necessarily have been followed by an opposite tendency characterized by an adherence to the grossest pathological materialism. What we now require, is an union of true pathogenesis and pathology; let us explore the therapeutic range of every drug by careful provings upon the healthy; results thus obtained, in combination with toxicological symptoms, will afford us a correct and clear view of the diseases to which a drug is applicable. But the idea of exploring the therapeutic character of a drug by means of the 6th, 30th or 200th potency is, in my estimation, preposterous. Our attenuations act upon disease, which is a dynamic disturbance of the organism brought about by the invasion of some morbid essence; and they may affect the normal tissues in some cases, where an idiosyncratic relation prevails between the prover and the drug. But attenuations cannot be depended upon in proving a drug. Gentlemen, allow me to take this opportunity of expressing my most emphatic condemnation of this method of proving. If you should be desirous of proving new drugs, or of re-proving those which we now have, prove them in massive doses of the concentrated tincture first, beginning with a few drops and gradually increasing the dose until you are satisfied that no new symptoms can be obtained short of poisoning yourselves. Having proved your drug with massive doses of the tincture, you may then prove the attenuations, and if they are at all capable of affecting the healthy organism, the results obtained by means of them will confirm the provings with massive doses; but it is absurd to depend upon the 3rd, 6th or 30th attenuation as exclusive means of obtaining a correct knowledge of the therapeutic properties of a drug. This is not the way that Hahnemann pursued, in proving the drugs contained in his *Materia Medica Pura*. All these drugs have been proved with massive doses, and even Mercurius was proved with doses which often developed poisonous effects.

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

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

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

On the 22d, early in the morning and evening, he took 20 drops of the tincture, and on the 23rd, at noon, 30 drops. Immediately after swallowing the drug, he experienced the same symptoms as before. He discontinued the medicine for

some 6 days. On the 26th he experienced the following symptoms: violent coryza, shivering over the back, especially towards evening, slight difficulty of breathing, with slight pressure behind the sternum, occasional flashes of heat, accelerated and rather full pulse. The nights were very restless, and he had vivid dreams of what he had been doing the day previous.

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

On the 9th of March, sense of contraction in the hamstrings, with pain in the left patella as if he had knocked it against something. These symptoms continued on the 10th and 11th of March. On the 12th, the prover experienced for about ten minutes a peculiar sensation in the eyes; sense of warmth and an undulating feeling, with involuntary half closing of the eyelids; although the room was very bright, yet he fancied that the darkness was so great that he should hardly be able to discern printed type. He tried a book and found that he had his sight; this last symptom continued for some time; when amaurosis first sets in, patients sometimes experience just such a symptom.

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

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

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

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

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

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

On the 21st of April: 130 drops of tincture. Immediately after taking the dose, he experienced a violent inclination to vomit, with violent tightness and dullness of the head. This terminated the present proving; the Doctor concluded that the sensitiveness to the action of Aconite had been too much impaired, to enable him to elicit any new or striking results.

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

Among these systematic provings of Aconite there is one other proving which I will briefly relate to you; it was instituted by a student of medicine, and exhibits an intensity of devoted enthusiasm worthy of such a noble and useful cause. This proving, Gentlemen, may perhaps suggest the propriety to some of you, of instituting similar re-provings with some of our drugs; you could not select a better subject for a thesis than the re-proving of some important remedial agent. Our prover was 23 years old, of sanguine temperament, slender make, and had had an attack of palpitation of the heart during the previous year, which had at once yielded to the third attenuation of Aconite. Since then his health had been perfect. During the space of 60 days, he took 2386 drops of the saturated tincture of Aconite.

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

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

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

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

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

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

On the 14th, palpitation of the heart, but no tearing pain. The bowels had been confined for three days; after the lapse of this period he had a hard stool.

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

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

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

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

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

On the 9th of April, at 7:30 in the morning, he took 70 drops of the tincture. In a quarter of an hour he felt violent palpitation of the heart and great oppression on the chest; moreover a sensation of pressure in the right orbit and heaviness of the head; he felt like one intoxicated and was utterly unable to pursue his studies.

On the 10th of April, at 7:30 in the morning: 50 drops of the tincture. Soon after, palpitation of the heart, with great oppression of the chest; during the day, the head felt heavy, dizzy; whizzing in the head and ears which was made worse by reading some light piece; he had to give up his reading and to rest; he staggers about like one who is intoxicated.

On the 11th: 50 drops. Tearing in the right fore-arm which was more violent than ever, and lasted from 12:30 to 5 o'clock in the afternoon; the vertigo and staggering of the previous day continued.

At 9:30 in the evening, the same dose. The tearing comes on again with the same intensity, and continues until midnight.

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

On the 13th: 120 drops of the strong tincture. From 11:45 to 5:30 in the afternoon, he experienced an uninterrupted feeling of tearing in the whole of the left fore-arm, and in the left hand and fingers. The same symptom occurred about the same period on the day following with equal intensity, but only in the forearm, and only lasted until 3 o'clock. The beats of the heart were more rapid and the breathing labored. There were no morbid symptoms during the day. The difficulties about the heart and lungs were likewise experienced on the 16th in the forenoon. On the 17th, in the forenoon, from 10 in the morning, he felt a painful pressure over the whole skull as if the whole of it were uniformly compressed on all sides; sometimes this painful pressure was felt most intensely in the left orbit. This pain continued until 1 o'clock in the afternoon, returned on the following day about the same hour with increased intensity, decreased about 12 o'clock, and disappeared entirely about 1 o'clock during dinner, and returned again at 3 in the afternoon with the former intensity. In the forenoon this pressure about the head was accompanied by tearing in the fore-arm, great anxiety and dyspnoea; the beats of the heart were not perceptibly increased.

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

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

In this remarkable proving, which bears evidence of the most devoted enthusiasm for the cause of science, the alternate appearance and disappearance of the tearing pains in the left arm and of the palpitation of the heart is a most interesting and instructive phenomenon. These tearing pains were evidently of a rheumatic character, and hence we conclude that the affection of the heart which, whenever it set in, absorbed these pains as it were, must have likewise been of a rheumatic character. And hence again we may conclude that in

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

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

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

Rheumatism of the scalp, which Aconite will likewise cure.

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

And you will understand, Gentlemen, that this arterial engorgement may exist in any part of the system. It may exist in the special organs of sense, in any of the internal viscera, in the brain, in the fibrous tissue, in one word, it may exist in any part of the system which is provided with capillaries. This accounts for the fact that, although there may not be among the provings of Aconite the counterpart of every form of acute inflammation, Aconite is nevertheless specifically adapted to acute inflammation, no matter what organ it may have invaded. Acute or true phlegmonous inflammation will always yield to Aconite more or less, and will, in almost every case, become more manageable, even if other medicines have afterwards to be resorted to. If the part is swollen, hot, painful and red, and if the constitutional symptoms of inflammatory fever are present, give your Aconite. If the pulse is hard, bounding and full, as it necessarily must be, do not think of bleeding your patient; give your Aconite. Do you not see how easily we may account for this bounding of the pulse? Here is this capillary torpor which the heart has to overcome by its *vis a tergo*, as it were. The heart propels the column of blood, or, at all events, seeks to propel it, with un-abating energy. Now, if the blood cannot pass through the engorged capillaries, and the undiminished column of blood is propelled against them

with the usual vigor of the central regulator of the circulation, must not a tumult ensue in the larger vessels? Must not the pulse become full, hard and bounding? Give your Aconite, and as soon as the medicine begins to act upon the capillaries, they will recover their elasticity, the column of blood will again pass through these delicate channels with its usual rhythmical ease, the pulse will come down, the heart will be quieted, and the cutaneous exhalations which had been interrupted for the time being, will not only be restored, but will be carried on much more profusely than before, in order to make up for past deficiencies.

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

I have shown you so far, that Aconite is our specific remedy for acute or phlegmonous inflammation, no matter what organ may be the affected part. I have shown you, moreover, that the phenomena by which we recognize inflammation, arise from a torpid or semi paralytic condition of the terminal capillary tissue, the necessary' consequence of which must be arterial engorgements characterized by such symptoms as these: sense of fullness or swelling in the part, or actual swelling; increased temperature of the part; pain in the affected region, such as aching, stinging, shooting, beating, burning pain; redness of the part and, accompanying these symptoms, general inflammatory fever ushered in by a more or less violent chill which is soon succeeded by heat and dryness of the skin, thirst, a hard, full and bounding pulse and whatever may be the other symptoms characteristic of acute inflammation.

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

And in *passive plethora*, which is generally a constitutional weakness of the capillary system, Aconite will likewise prove useful. Passive plethora is a moderate arterial engorgement depending upon a natural inability of the

terminal capillaries to expand and contract with appropriate regularity. In consequence of this weakness, a general and more or less permanent engorgement of the superficial arterial capillaries must necessarily take place.

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

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

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

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

A rush of blood to the stomach would induce a feeling of fullness and weight in the stomach, soreness or sensitiveness to pressure, nausea, inability to retain food.

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

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

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

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

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

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

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

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

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

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

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

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

In acute hemorrhage, I always give the strong tincture.

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

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

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

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

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

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

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

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

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