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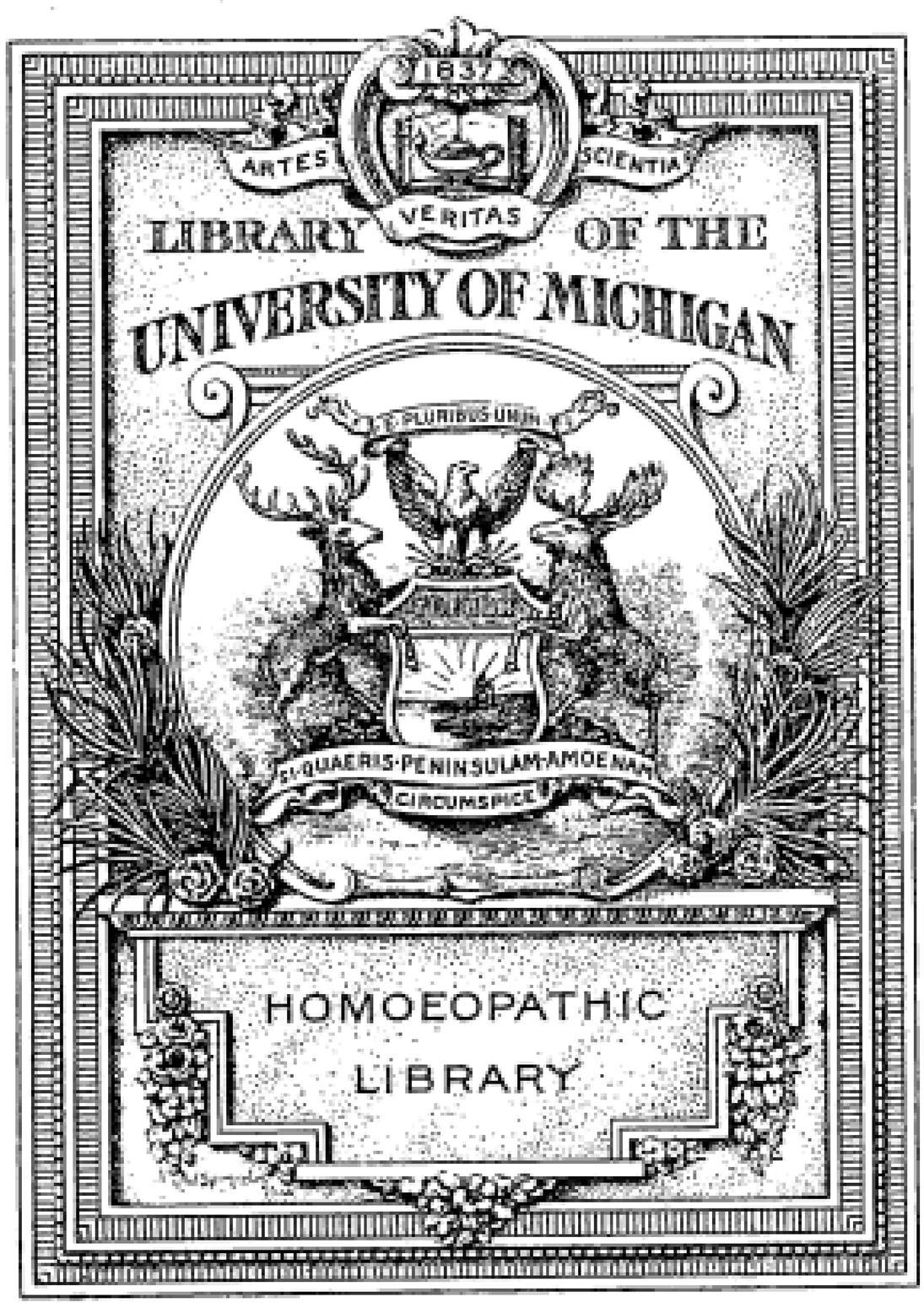

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RULES AND EXAMPLES

FOR

THE STUDY OF

PHARMACODYNAMICS,

Bernhard

Extracted from Dr. Hirschel's Grundriss der Homœopathie,

TRANSLATED AND EDITED,

WITH ADDITIONS FROM OTHER PARTS OF THE AUTHOR'S WRITINGS,

BY

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ERRATA.

Page 20, 5th line, diagnoscit, instead of diagnoseit.

„ 23, after Materia Medica at the end of the heading (a), add, or as to the mode of study.

„ 27, after (3), the whole of the next sentence should be put in italics as a heading, like the others.

„ 30, after medicine, at the end of the heading (b), add, or as to the matter of the study.

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INTRODUCTION.

—

Some apology is due to the learned author and the public for the mutilation of a work valuable in all its parts. All the parts, however, were not necessary for my purpose, and would have needlessly increased the expences of publication and the price of the work. My object is to recommend to the English student a scientific study of the Materia Medica, and to put before him the mode in which Hirschel thinks it may be carried out, as well as to present scientific criteria for the ascertainment of pathological resemblances. I must own that I see much greater difficulties in the way of the scientific investigation of the characters of a medicine than I did at first sight. These difficulties, it appears to me, arise from the imperfect state of our pathological knowledge. We cannot, I think at present, mount up, as Hirschel has endeavoured to do with Bryony and Rhus, to that element in the action of a medicine, out of which all the others proceed. With many medicines indeed we hardly know where to begin or where to end.

An intricate nexus of actions lies before us, nothing points to a centre, we must be content to record, we cannot analyze. This is especially true of those medicines which act on the vegetative life, such as Sulphur, Calcarea, Lycopodium, &c. Opposite actions fail us here, or at least cease to characterize the general action.

Nor is this wonderful. We have come to the region of harmo-

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nious, yet to some extent independent, sources of action. The ganglionic system has its various nuclei of action; it is a system of confederated powers, and we must expect to find greater complexity than prevails in an autocracy. The attempt indeed to find a primitive action out of which all the others are deducible, may turn out to be like the attempt to find out the commencement of a circle. Independently of these considerations, physiology at her present period of development cannot explain all the phenomena that occur to us, indeed cannot always enable us to refer them to their proper seat. Hirschel endeavours, as far as is possible, to do this for us. In the following passage he says:* "the modality of the pain appears to depend partly on the affected part, partly on the morbid process.

"Burning pain occurs, especially in the skin and mucous membrane, the boring gnawing pain in the bones, the drawing in the nerves and muscles, the constrictive in the canals, that as of sprain in the joints, that of shooting and cutting in the serous and fibrous membranes. The various modifications of pain are sub-species of certain principal groups. Then as regards the morbid process, drawing tearing pains are occasioned by rheumatism, (Rhus,) jerking by affections of the nerves of motion, (Amm. c. Stann.,) throbbing, beating, hammering, by movements of the vascular walls; hyperæmia in the capillaries, congestions, (Aconite, Bellad.,) shooting by the more partial local accumulations of blood in the parenchyma, in the venous and capillary system, (Puls.,) the burning pains are consequences of passive stases, or incipient decomposition (Phosph., Carb., Arsen.). The aching and shooting pains of Bryony correspond to impending exudation; the jerking, tearing, and throbbing pains of Chamomilla with peculiar restlessness, to reflex action from the nerves of sensation on the circulation; the pain of excoriation in Hepar is connected with the formation of abscess.

"The accompanying, preceding, or following pains have

* Grundriss der Homöopathie, S. 167-170. (2nd Ed.).

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also their own significance. In affections of the prostate the pain follows micturition; in the affections of the mucous membrane of the urethra it precedes and accompanies it. In gastric affections it is not a matter of indifference at what period of the digestion a pain occurs. Constant pains depend chiefly on local peripheric disturbances; fugitive, erratic, or such as are affected by the emotions, or by having the attention directed to them, excite the idea of a central origin. When the pain follows the ramifications of a nerve, the periphery is probably affected. Periodic pains are central. Pains which are increased on pressure depend in general on the periphery, if the pressure does not excite the pain in a spot contiguous to the central organ, or in the central organ itself, in which case the central point of origin is certain—(pain of stomach from pressure on the vertebræ). Confessedly, however, there is much ground for deception in such cases as these, and the pain by itself is no sure criterion. Whilst, for example, in inflammations of the serous membranes pain is the rule, (though even here there is a distinction to be made, for it is much more constant in pleurisy than in peritonitis and pericarditis, where it is often entirely absent,) it is often wanting in those of the parenchyma and mucous membrane." And again, "In the same way as attention to the '*ratio symptomatum*' has been advantageously employed in the analysis of the symptoms of inflammation, in the demonstration of the agreement between the physical and physiological symptoms of organic diseases of the heart, so may the special phenomena of the medicines, and consequently their special indication-principle, be explained from their established characteristic actions and organic relations in their totality, and thus a rational basis in the received sense of the old school, apparently synonymous with their 'theory,' be obtained. The particular kinds of cough, for instance, correspond to a certain extent with some uniformity to certain forms of disease. The tone of the

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cough is rough and hoarse in catarrh, in ulceration of the larynx; hissing in laryngeal and tracheal croup, and bronchitis; barking at the commencement of laryngeal croup, and in several forms of nervous spasmodic cough; sometimes hollow in ulceration of the larynx and advanced tubercular lung disease; in old subjects it is always dull, the inspirations not being deep, and the thorax not expanded.

"Thus also the periods of recurrence are characteristic; in tubercular disease at its commencement the cough recurs at night, or early in the morning; in croup at night; in catarrh generally in the morning and evening. In emphysema, asthma, bronchorrhœa, there are often intermissions for a week. In nervous persons the cough is dry, as likewise in hyperæmic states, where the exudations are not fluid. The seat of the cough causes differences—not however always well marked. Since these varieties depend on special physical and physiological conditions, it can be shewn why particular medicines correspond chiefly to the dry hyperæmic, inflammatory, or the nervous, hissing, tickling, &c., cough; others again to the moist, whereby we arrive at the specific relation to the lungs, bronchiæ, larynx, as well as to the morbid process and its stage. Thus Aconite, Nux, Bryony, Belladonna, Conium, Hepar, Mercurius, Pulsatilla, Stannum, Iodine, Ac. nitr. differ essentially in both directions.

"To keep by our illustration we may add, that an important means of distinction is derived from the expectoration, as regards its constituents, and in a less degree its taste, colour, and consistence. Attentive observation shews that the differences of this symptom lie deeply, and consequently this element cannot be a matter of indifference in the characterization of the medicines.

"The constituents of the sputa may, for example, according to the essence and locality of the affection, consist of water, (serum,) air, epithelium, albumen, blood, gelatine, mucus, pus, fibrine, tubercular matter, fragments of pulmonary sub-

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stance, pieces of cartilage, sugar, calcareous concretions, hydatids. A watery consistence points to œdema, a serous to the commencement of catarrh; viscid sputa correspond to deeper irritation (bronchitis, pneumonia).

"Variations in quantity, sudden cessation with aggravation, dyspnœa, asthma, relapses in hyperæmia,—every thing has its significance for pathology, and in consequence of its intimate connection with this in homœopathy, also for therapeutics."

I am unwilling to leave out of this compilation any thing relative to the action of medicines which may be useful to the student, and I subjoin therefore some additional remarks of Hirschel, which occur elsewhere indeed in this translation, but less fully. He goes on to say :*

"Some organs, as the stomach, intestinal canal, spleen, kidnies, bladder, ovaries, consequently the menstruation favor intermittent conditions, whence probably the characteristic periodicity of several medicines (China, Ipecacuanha, Veratrum, Nux vomica, Natr. muriat., Puls., Arsenic, &c.) is explainable." "Nervous pains and states are mitigated in the generality of cases by movement, excitement acting beneficially upon them; those of a congestive character are, on the contrary, aggravated. Thus Arsen., Bellad., Bry., Chin., Ferr., Merc., N. vom., Puls., Dig., Hell., Colch., Squill., &c., have pains which become worse during rest." "In many medicines a subtle distinction is made between the different kinds of movement, a distinction to be used *with caution*. Cocculus, for example, has characteristic actions of giddiness, nausea, weakness from carriage exercise, (consequently recommended in sea-sickness,) in a very marked way. Whether walking, running, ascending, turning, rising up, or lifting, form important distinctions, or whether these may not rather be referable to the general consequences of movement, remains undecided. The differences as to the periods of the day are not unimportant and without significance. It is a

* Op. cit., S. 171.

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well known fact that nervous affections are aggravated in the morning and become less in the course of the day; the contrary is the case in vascular affections. In the one case the accumulating excitement and repetition of action in some measure elevate the internal energies, and increase the strength; in the other, exertion going on till evening, increases the determination of blood, and appears to bring about an increase of the evil.

"Nocturnal pains belong generally to the vegetative state. On comparing the medicines which form themselves into classes according to their action at different times of the day, we shall find a point of stasis in these physiological relations. Thus, when the phenomena appear in the evening, Arn., Ars., Bell., Bry., Colch., Hell., Merc., Ac. nitr., Puls., Nitr., suit; when they shew themselves in the morning, Ambra, Amm. carb., Ammon. mur., Ant., Cin., Dros., Ignat., Nux. v., Phosph., Rhus., Verat., &c. For nocturnal symptoms besides the anti-nervous and anti-congestive medicines, China, Dulc., Ferr., Graph., Hep., Mag. mur., Mang., Nat. mur., Sep., Sil., Sulph., Thuj., &c., also suit. The influence of the digestive process, of different aliments, of tobacco, for instance, beer, &c., occasion many circumstantial and manifold pathogenetic signs, partly of an anatomico-physiological, partly of a chemical nature. The same obtains with the period of the year, the influence of the moon, of climate, of change of temperature.

"Heat and cold also act differently, in proportion as the circulatory or nervous systems are predominantly affected. We call to mind here the treatment of rheumatism, of catarrh; Belladonna suits where cold alleviates (congestive states); Rhus, where heat relieves (nervous character); Cham., Merc., suit in intermediate states, where neither the one nor the other essentially relieves. But does the heat of the bed, of a stove, of the sun, make a specific difference as we find in the provings? In each case we have to consider whether the

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modifications are essentially connected with the character of the medicine, or are only met with accidentally.

"We have, therefore, always to observe carefully the phenomena of disease, and to place a value on apparently trifling circumstances.

"It will be well, however, to trace these up to their origin and causal connection. We must do the same with medicinal actions; but it would be folly to come to a decision exclusively, or principally on subordinate elements, which must first derive their true value from organico-physiological relations, and consequently are available only, as aids to the indications. The future has much to do in this. But precisely on account of this inability to refer symptoms to their seat and causes at present, we must, on the one hand, carefully observe, even where a rational theory and explanation may not be attainable at the moment, and, on the other, not reject what, employed with judicious selection, may furnish a help for the imperfection of our art."

The following are Hirschel's views about primitive, secondary, and alternative actions.

"An important question for observation in medicinal action, concerns the period and order, in which the symptoms occur during the proving, on which account it is of great advantage to have exact day-books kept of the specialties of the proving. In this way we obtain one more datum for the knowledge of the parts which are immediately and specially affected by the medicine, and can lay out the course of the disease, as well as its historical development. Not less also is an important insight into the organic ramifications, the internal connections, and the causal relations of the individual phenomena by this means facilitated. Out of this observation of periods the separation into primary and secondary actions arose.

"Hahnemann, for instance, styled as the primary or direct action each change of feeling called up by the medicine. This was the product of the medicine and the vital power.

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"This was met by the reaction of the organism, the after-action, the indirect or secondary action, whereby it sought to replace itself in the position of integrity. The first action is a passive, the after-action an active condition. The last is the opposite of the first. Where no such opposite state occurs, the vital power establishes its action and absorbs the first action, and the normal state recurs, which is the curative action. Examples are: increase of heat in warm water—first action; decrease after the part has been taken out of the water—after action; decrease of heat in cold water—first action; increase after removal from the water—after action; diarrhœa from purgatives—first; constipation afterwards—after action; narcosis from opium—first; excitement, afterwards sleeplessness—after-action.

"We must, however, distinguish this kind of after-action from a state to which Hahnemann gave the same name, viz., long continued actions, as paralytic states from Opium, bone affections from Mercury, &c.

"Since the actions which appear in the provings are generally first-actions, these are pre-eminently the foundation of homœopathy.

"Since disease can be successfully combated only with such primary actions of medicines, they only, according to Hahnemann, are truly curative, whilst the old medicine makes use of the opposite after-action, and consequently was of service only by palliation. Hahnemann consequently, as a rule, indicated only primary actions in his *Materia Medica*. This separation of action perfectly accords with the Hahnemannian view of the healing process, according to which the vital power enters into a struggle with the medicinal disease.

"With this Rau's and Gerstel's characterization of the after-action coincides, which the first defines to be a negation, a nullification of the medicinal actions by the organism, the last calls it precisely "a re-actionary action."

"Not less do Schroen and Attomyr maintain these suppo-

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sitions of Hahnemann. But soon opinions of a different nature arose, rejecting so artificial a division of medicinal action, and teaching the necessity of viewing them as a whole —and with justice. For exactly as in pathology the morbid process is forgotten in the division into stages, the type of the medicinal disease is lost in this artificial division into periods of action.

"The whole course of the historical development is the main thing.

"These views were supported by powerful arguments, particularly by C. Hering,* Piper,† Helbig,‡ Watske,§ Kurz.‖

"It is very truly said by Trinks in another place :¶

"There is not a single unequivocal criterion in our power by which the medicinal action can be distinguished from the received, supposititious counter-action, just as little as strictly morbid symptoms can be separated from the purely hypothetical healing power of nature."

"And in fact we find, on considering the so-called after-actions more closely, the following observations confirmed.

(1) They no more depend on the organism alone, than do the primary actions on the medicinal action alone, but they are the continued phenomena of the medicinal disease.

(2) The so-called after-action is often the constipation after a diarrhœa, for instance, merely a sign, that the medicinal action has ceased, and that the organism has resumed its rights.

(3) In other cases, again, the invasion of the supposititious counteraction is exactly a curative action, an alteration of tone through the medicine, so that the prover finds himself in an opposite condition.

(4) In other cases these after-actions are only so-called

* Arch. Bd. 15, Hft. 1. † S. Above. ‡ Heraklides 1, S. xiv, and 2, S. xxxi.
§ Bekehrung's epistlen, S. lxxx. ‖ Hyg. Bd. 22, S. ccxxv.
¶ Arzneimittellehre II. Einl. S. xiii.

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alternating actions, *i. e.*, phenomena apparently contradictory and antagonistic, yet proceeding from one and the same medicine.

"These occur more frequently in provings than is commonly believed, and as a general rule there are few medicines in which, especially as regards the emotions or the generative function, such alternative actions do not manifest themselves. More trouble than necessary has been taken about explaining them, in consequence of its being believed that in such cases—viz., when Ignatia produces aversion to and desire for acids; Bryony, constipation and diarrhœa; Gold, depression of spirits and exhiliration—a contradiction to the law of *similia similibus* might easily be found.

"Trinks endeavours to show the practical importance of such alternating actions, in their being proper for the cure of states which present similar alternations in their phenomena.

"Experience has not enabled us to affirm this positively, particularly as regards Ignatia, Bryony and Aurum.

"If, however, we do not limit the simile to form merely, but give it a wider range, in so far as it expresses a specific tendency as to the locality and morbid process, we may then concede that one and the same medicine may indicate, by apparently different states, the peculiar affection of one and the same organ, particularly when the difference of the individuality of the prover must be taken into the account.

"Hyperæmia in the intestinal mucous membrane, palsy of the intestine, may occasion diarrhœa as well as constipation; a spinal irritation may excite convulsions or palsy—the fundamental disease will always remain the essential, and thus too the fundamental action of a medicine may express itself in different forms. We have already repeatedly expressed the necessity of observing these forms also, but we must not suffer them, we repeat this again to avoid misapprehension, we must not suffer them to step into the

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foreground, where we have to do with more important elements. The law of nervous excitement, the peculiar polar vibration between one activity and another, the passage from excitement to depression, the invasion of exhaustion after an exaltation of energy, as for instance numbness after violent pain, all this is applicable to alternating action, as Kurz has very justly shown, and we may agree with him, whether with Helbig we consider them as extremes, subsiding into rest; or with Watzke, the predominance of one or other factor in one and the same process. We do not for all this overlook the influence which the doses used in the provings, their repetition, the period and duration of the action, the excitability and passivity in the functions, and other circumstances, have upon the excitement of these different states.

"What Kurz says of narcotic medicines, and in particular of Opium, that in moderate doses they call out first excitement and then torpor, and therefore they act homœopathically against pain, is applicable also to other medicines (in different doses) which call forth gradations of actions, which might easily appear to be counter-actions. By way of comfort we may add, that increasing therapeutic experience is bringing out the preponderating element in these alternations, as for example, constipation in Bryony, hilarity in Aurum.

"The difficulty of distinguishing between idiopathic and sympathetic symptoms, is in some measure facilitated by a consideration of the order of the phenomena.

"The last for instance, as a rule, appear later, being only of a secondary nature.

"But as this later appearance is not always to be ascertained by observation, being often apparently contemporaneous, we must not attach too much importance to this characteristic.

"In a paper in the 'Neue Zeitschrift für Homöopathische Klinik,' (a journal edited by Dr. Hirschel,) to be found in Bd. 1, No. xiii, and entitled 'Erläuterungen zur rationellen

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seite der Homöopathischen Arzneimittellehre,' contributed by the editor himself, he expresses himself much as he had done in the passages above. There is, however, some difference in the form, and there are some points insisted on, not touched upon before, and in consideration of the importance of the subject I must appeal to the reader's indulgence for the occurrence of some repetition. In this article he says the various kinds of pain may be reduced to certain principal groups, as—

"Drawing; with its sub-species—jerking, tearing.

"Ache; with its sub-species—pressing, constriction, compression, pinching, forcing, boring, crushing.

"Tension; with the sub-species—crushing, stretching.

"Shooting, cutting; with the sub-species—digging, twisting.

"Burning; with the sub-species—biting, pain of excoriation, of ulceration.

"These indicate as well the seat of the disease as the nature of the morbid process.

"Drawing belongs to the neuroses, especially to rheumatalgia, and occurs in the muscles, tendons, fibres, tissues.

"Aching shows itself especially in vascular affections, within the nervous tracts, in the mucous membranes, glands, muscles, serous membranes, skin, cellular tissue, and points to congestion, inflammation, swelling, exudation. In the bones it expresses itself as boring. Shooting occurs in the serous membranes, the skin, and the cellular tissues, the fibrous tissues, glands, and parenchyma, and indicates neuralgic and also congestive conditions. Cutting and digging are especially peculiar to the abdomen. Pain, as of bruise, points to affections of the central and peripheric nervous system; of the fibrous, muscular and osseous system.

"Pain, as of burning, is especially proper to mucous membranes, the skin, and the cellular membrane, and indicates vascular affections of an inflammatory and dyscrasic kind.

"Pain, as of sprain, occurs in the joints, of constriction in

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the canals—a review of the corresponding medicines will prove the truth of our assertion.

"We find, to confine ourselves to opposite medicines, aching pressive pains in Acon., Arn., Alum., Ars., Bell., Calcar., Carb. veg., Lycop., Merc., &c. Boring in Arg., Aur., Calc., Carb., Dulc., Hep., Magn., Merc., Sil., Iod., which are pre-eminent among the vascular medicines; whilst cutting, for example, prevails in the neuropathic medicines, as in Caust., Chin., Con., Dros., Hyos., Ign., Nux vom., Phosph., Phos. ac., Rhus, Spig., Staph.

"Nervous affections are such as in particular get worse in the morning in consequence of defective excitement, which beneficially increases till evening; they are also aggravated by rest, ameliorated by movement, relieved by heat, and increased by cold, because one set of influences depress the excitability, while the others increase it.

"To these nervous affections those medicines correspond in which morning aggravations are observed, as Amb., Amm., Cin., Coff., Con., Dros., Ignat., Laches., Nux vom., Phos., Plat., Staph., Verat.; where rest aggravates, as Amm., Asa., Caps., Con., Ferr., Lach., Phos. ac., Rhus, Val., &c.

"Congestive or vascular affections are in general such as are exacerbated in the evening, those of the vegetative system, especially at night, because the excitability is increased at these periods; consequently movement is here injurious, cold beneficial. The vascular medicines have such evening exacerbations, Arn., Ars., Bell., Bry., Calc., Hell., Merc., Nit. ac., Nit., Puls."

"The same medicines also shew aggravations by movement and heat. There is here a wide field for theory. We might here shew the influence of light, of touch, of the recumbent position, of different articles of food, &c. But this would lead to hypotheses, and we want facts. This straining after exactness has taught us also to observe subsidiary circum-

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stances, and has led us confessedly to subtleties, which future more exact provings must place in their true light.

"Thus our repertories distinguish not only nocturnal troubles, but with an adherence to the letter which seeks its like, also, symptoms evening, evening in bed, at night, before and after midnight, during sleep, in the morning in bed, in the morning, in the forenoon, after breakfast; affections from the west, the south, the north, the east wind; heat of the sun, bed, and stove; movement in carriage exercise, riding, swinging, &c. This is the point at which faith and knowlege come into conflict, and where the extremes of both lead to hasty conclusions. The critical understanding readily doubts facts and rejects them, or loses itself in hypothetical attempts at explanation, in categories, and constructions, at last in moonshine. Faith hangs on each syllable, and swears by the dot over an i. It leads to mechanical treatment, to the mere addition of a sum of similarities which is placed over against another and similar sum. To get us out of this dilemma, and to bring the incomprehensible into reconciliation with the requirements of the practical reason, there presents itself the following mode:

1. A fundamental inquiry must be made into the details of the case in question, and the order of causation in which the individual secondary symptom stands to the whole, must be ascertained.

2. The details of the proving must be examined, in order to discover whether the particular symptom is constantly found in the majority of the provers, and when it occurs singly, what kind of person the prover is who remarked it. This is the value of the symptom *a priori*.

3. We must ascertain in what connection with the general character of the medicine the individual apparently secondary symptom stands, and whether it may be physiologically explained by and deducible from this. This is the scientific value of the symptom—a subordinate one.

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4. Compare the mutual relationship of the medicinal and natural disease together, and ascertain whether experience has given any weight to the symptoms of either. This gives the value of the symptom *a posteriori*.

" We are convinced that by this mode of treatment much will be struck out which has flowed into the pen of the observer as his isolated, accidental, individual remark, though now it is retained as if engraved on steel; much will be insignificant, or may be brought under more general categories, as for instance: before midnight, and after midnight, cold, moisture, cold air, becoming cold, uncovering, damp cold, becoming wet, working in water,—as pointing to very fine differences, hardly retainable in practice. Thus has a careful observer written a whole pamphlet on the sides of the body, and classified the medicines according to their action on the left or right internal head, the left or right eye, the left or right teeth, the left or right limbs, in fine, left above and right below, and vicê versâ, &c.

" How many accidental observations might have been in this way stamped as characteristic? What signification can this left or right sidedness of a medicine have besides one of two things, either the determining that a semi-lateral influence has taken place, proceeding by possibility only from the central portions of the nervous system, the brain, and spinal marrow, as happens in palsy, or the indication that certain organs, situated either to the right or to the left, have been affected; the right sided-action medicines, for instance, acting on the abdomen point to the liver, the left sided to the spleen. When this central or organic-local ground falls away, the indications from left or right sided actions have only an accidental origin and are of no practical utility.

" Or is it possible that any one will really be guided by Boenninghausen, and select in fevers Belladon., Bry., Coccul., Fluor., Nat., &c., on account of their preference for right-

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sided actions, or Ant. c., Arn., Baryt., &c., on account of theirs for left-sided? An exact comparison of these vague indications shews besides, that both right and left in a great number of medicines occur in common, and also that one removes the other.

"On the other hand particular symptoms, which torn from their connection, would appear absurd, have a rational background. Bell., Chin., Nux. v., Sulph., have an antipathy to beer, a consequence of their congestive character. In Calcar., Cina., Ignat., Natr., Puls., Sepia., we find an aversion to milk, as in stomach catarrh, worm affections, cramp of the stomach, which they heal. Bell., Bry., Merc., Nat. m., Nux v., show a disinclination to coffee in consequence of venous states, which they excite and heal. In Lycop., Sulph., Nux vom., we meet with the repugnance to black bread peculiar to persons subject to abdominal ailments. Bry., Carbon., Hep., Nat., Puls., &c., show under their symptoms a dislike to fat, similar to that occurring in the digestive disorders combated by them. In Merc., Mur. ac., Nit. ac., as in the states removed by them, the ulcerative process and scorbutic states, animal food and broths are rejected.

"When we thus walk hand in hand with physiology and pathology, and having a constant reference to the individual peculiarites in disease, suffer also the special characteristics of our medicinal diseases to be retained cum grano salis, we can boldly endure the mockery and contempt of those who have never been inclined to cast a look into our science and practice, as we may with confidence call it. We have not remained behind the demands of the time. In fact it is already demonstrated that Hahnemann has anticipated it in much. Thus our *Materia Medica*, elastic and unconfined by dogma or scholastic conception, just because it is objective, contains the means of duly meeting the diseases, the diagnosis of which it is the only merit of the physiological school

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to have facilitated. In order to shew this in a few examples I must request your patience a few moments. It is the diseases of the chest principally, which have had their anatomical history, and the science of their diagnosis cleared up for us by the new school. Let us take as an example pneumonia. Our treatment has remained the same as it was before, only we now understand how to indicate the objective signs of our remedies better than we did before, and their specific relations being more clearly comprehended, can be relatively extended. We have Aconite for splenisation, Phosphorus for hepatisation, Bryony for the solution of the contemporaneous pleuritic exudation, Sulphur for pneumonia with tubercle, Arsenicum for the termination in gangrene, Tart. stib. for œdema of the lung. The symptoms of these states were already there before. An attentive and conscientious homœopathic praxis would have employed the same medicines before, and have obtained results equally fortunate, because it would have relied on the totality of the objective phenomena. Now further, the very complex idea of asthma. Besides the very rare form of pure nervous asthma, of asthma dependent on congestion to the lungs and heart, there are the most different causes, as emphysema of the lungs, bronchial catarrh, bronchorrhœa, bronchial croup, tubercles, empyema, adhesions, œdema of the lungs, and heart diseases forming the basis of asthma, which forms the ancients in dim perception characterized as a nervosum, congestivum, humidum, siccum, bronchiale, cardiacum.

"Our medicines follow in their fine shades of difference precisely these different forms. Ambr., Amm., Cham., Cof., Cupr., Hyoscyam., Ipecac., Mosch., Op., Samb., Stram., Verat., Zinc., correspond to nervous asthma; Acon., Bell., Calc., Carb. v., Nux v., Nit. ac., Sulph., to congestive; Ferrum to congestive and anæmic; Bry., Puls., Tart. stib., to the bronchial, catarrhal, œdematous; Stann. to the tubercular; Arsen., Carb. veg., Phosph., to the emphysematous;

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Arsen., Aur., Kal. c., Lach., Spong., to those depending on disease of the heart and heart diseases! What has its fine diagnosis of these diseases profited the old school in a therapeutic point of view? At most it has introduced a 'heart diet,' and prevented mischief—Digitalis is its one and all, its Alpha and Omega. Compare, on the contrary, the cases of disease in the homœopathic *Materia Medica,* the corresponding symptoms of Acon., Bell., Ac. nitr., Chin., Ignat., Nat. mur., Nux. vom., Plat., Sulph., Verat., against the congestive and nervous forms; of Puls. and Ferr. against chlorotic and anæmic states; of Iod., Spig., Spong., against hypertrophy; Arsenic., Dig., Spig., Kal. c., Naj. tripudians, (according to Russell) against hypertrophy, dilatation, valvular disease. There needs only an exact science of symptoms, a comparison of particular groups of symptoms with the whole character of the medicine, in order to bring the newly obtained results of pathology into agreement with our therapeutics.

"In conclusion, yet another proof from another sphere! The new pathological school has with justice laid great stress on the excretions, though they over-estimate their symptomatic significance; and in particular they pay attention to the urinary secretion and diseases of the kidney. What did homœopathy require long before this time? She requires with regard to urinary diseases attention to be paid, not merely to the subjective symptoms, to their different kinds (dysuria, incontinentia, &c.), to the pain and the periods of its occurrence (whether before or after micturition, in order to distinguish between diseases of the prostate, of the fundus of the bladder, of the sphincter, or the urethra, nocturnal, or in the day, &c.), to the seat and origin (bladder, kidnies, blood, &c.), the causes (catarrh, plethora, organic affections, &c.), the exciting causes (fright, chill, spirituous drinks, &c.), but she has long required that the practitioner should pay attention to, distinguish, and determine the choice of the

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medicine according to the quantity of the secretion (much, little), the colour (pale, colourless, dark, yellow, &c.), the smell and the chemical reaction (sour, ammoniacal, basic, neutral), the temperature (hot, cold), the consistence (clear, muddy), the constituents (blood, pus, fat, gelatine, albumen, mucus, gravel), and the deposit (brick dust, clayey, salts), because such differences exist in the provings.

"In short, it is difficult enough to choose according to these specific differences, but the necessity of a comprehensive inquiry into these elements has been long acknowledged by us, and our *Materia Medica* was the first to put itself on a par with diagnosis, in a relation valuable in practice.

"What follows out of these positions and examples? There follows—

1st. That a rational connection may afterwards be found where at first sight it was not visible, and that therefore caution in pronouncing on individual symptoms, at present isolated, and not always to be rationally explained, is necessary.

2nd. That a *Materia Medica*, objective, keeping itself free from all dogmas, schools, and tendencies of a temporary character, must be the aim of sound physicians, and that one of this discipline will easily connect itself with the advancing progress of pathology.

3rd. That this *Materia Medica* can only be attained in the physiological mode, that is, by provings on healthy persons.

4th. That the homœopathic school up to this time has alone followed this mode with earnestness and profit.

5th. That this school, inasmuch as it establishes its physiological observations yet further in practice, aims at the greatest possible certainty for its experiences; and inasmuch as it proceeds according to a settled principle, *similia similibus*, it is the only school which acknowledges a rational empiricism. And finally,

6th. That consequently, on all these grounds, it will easily keep pace in its therapeutics with the development of

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pathology, and especially of diagnostics, and will carry them out into practice to an equal extent, whereas in the old school the hiatus between both will be left undiminished, and must indeed become greater.

"May the saying, 'qui bene diagnoseit, bene medebitur,' be also made good in regard to our knowledge of diseases, in relation to our knowledge of medicines. Then are we not merely 'ministri,' but also 'magistri naturæ'"!

In fact, the more we are enabled by diagnostics to unravel the distinctions of disease and to trace their phenomena, each to its proper seat, the more light shall we have thrown upon the symptoms of our remedies, and the greater will be the precision with which we shall be able to apply them. It is as if the causes which increased the range and clearness of the marksman's sight, also increased the range and accuracy of his rifle.

In the advance of diagnostics lies, then, a sure ground of hope, and one tie the more by which we may be connected with our allopathic brethren, to whom we may well be grateful, when we consider that in this case they are the "other (*ἄλλοι*) men who labour, and we enter into their labours."

Physical appliances, chemical and microscopic science, electricity, galvanism and psychology, all are ours, and combine to illustrate and facilitate the application of our simple and beautiful law of cure. On the other hand, an attentive examination and careful comparison of the symptoms to be found in our *Materia Medica* may aid pathology by presenting for her examination certain invariable sequences of symptoms, the existence of which has been hitherto unknown from the paucity of recorded cases. Our pathogeneses, indeed, add the resources of experiment to those of mere observation furnished by natural disease. We have, for instance, the advantage in an artificial pathogenesy of knowing what the agent is that produces the disease; with

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that agent we can produce disease in every variety of constitution, and by carefully comparing such cases, and ascertaining what modifications are invariably produced by each particular well marked constitution, we may arrive at a law of constitutional reaction.

We may also thus ascertain how particular classes of agents are affected by certain constitutions—not only how each agent is affected by different constitutions, but also how each constitution is affected by different agents.

We have the means also of applying in some sort the law of concomitant variations to our inquiries. If, for instance, we find that a certain well marked symptom occurs in the proving of, say, a dozen medicines, and not in those of the rest, we can inquire in what other symptom or set of symptoms those twelve medicines also agree, and set ourselves to ascertain whether any and what relation obtains between the one symptom and the other symptom or set of symptoms. If we are minute enough in our investigations, we shall probably discover in all these medicines some symptom invariably connected with the one in question, which being absent the other is absent also, between which there is also a relation of intensity, so that the one being more intense, the other is also more intense, and the contrary.

There will also be found to occur symptoms always present with the one in question, but not having a clearly marked connection. In case of any doubt, or if we wish to examine for ourselves in the living body the connection of the symptoms, we have to institute provings on different individuals till we get a case in point. Much labour and patience attend all experiments systematically conducted, but no where will they be more amply rewarded.

It may be remarked here, although it is not strictly in connection with the study of the *Materia Medica*, that the provings may be made subsidiary to the detection of diseased tendencies. If, for instance, a certain set of symptoms are

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produced in a child by a medicine, another set in another child by the same medicine, and so on, the groups bearing the general family resemblance due to the character of the medicine, but differing in consequence of differences in individual constitutions, the differences point to latent tendencies to disease or weak points, and make them manifest, so that proper homœopathic treatment can be brought to bear in consequence of the knowledge thus obtained. This is making remedies find the game and kill it. The importance of this to the community cannot be over-estimated.

The curse inherited as far as the fourth generation may thus be met and neutralized, and a due observance of the laws of health repeal it for ever.

I feel confident that no one intending to make himself scientifically acquainted with homœopathy will fail to attain considerable information from the portions of Hirschel's work which I have translated; I am sure also that a careful study of them will furnish good training for the mind, and wean it from that tendency to routine practice which disgraces the ordinary practice of homœopathy at the present time. There are doubtless many faults in this translation. I have done my best, however, to attain accuracy.

Dr. Hirschel's style is elegant; all faults on that score must be those necessarily belonging to a translation, or due to my awkwardness.

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RULES

FOR THE STUDY OF PHARMACODYNAMICS.

(a.) *As regards the mode of conducting the enquiry in relation to the whole Materia Medica.*

THE special object of the study of the Materia Medica must ever be the knowledge of the curative action and the practical employment of medicines in appropriate cases.

The homœopathic student will be compelled to observe with a certain resignation that the road to the knowledge of the Materia Medica is not with us, as it is with the allopaths, a broad and open one. The proper fundamental text of their Materia Medica, which consists in clinical indications for employment in special forms of disease, entirely fails us. We have to attain this knowledge by a tiresome study for ourselves, conducted according to the rules of art, and this after a two-fold mode.

(*a*) The study of the pharmacodynamical character of the medicine, with a view to its clinical applicability in a special case.

(*b*) The construction for ourselves of special indications, *ad usum in morbis*, out of the general physiological actions of the medicines.

Both methods must be combined with one another. We follow the first method, when we find in a repertory or in a work of special therapeutics, a medicine for a special case.

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We follow the second, when we study the Materia Medica regularly, medicine by medicine, with a view to pure pharmacodynamics, and not with reference to any special case.

Never, however, must the study of special therapeutics supersede that of the Materia Medica, or be unaccompanied by it. The practical extension of homœopathy requires the contemporaneous connection of both studies. We shall do this in the best way by commencing our study of cases of disease with such as characterize the indications of cure; we specially recommend in this respect the first volume of the *Homœopathic Archives*, where the cases recorded by Gross, Hartmann, Hartlaub, Haubold, Schubert, Ægidi, Wislicenus, Stapf, M. Mueller, and others, exactly answer this object. Many of the cures may be possibly due to nature; an improved pathology may possibly detect many sins of omission, yet have these cases, as we have said, the merit of giving accurate descriptions of disease and clear indications for the choice of the curative agent.

The Hygea also, the practical contributions of Thorer, the Journal of Homœopathic Clinique, the Homœopathic Studies of Wurmb and Caspar, and Ruckert's Collection, contain good materials for this purpose. In this course of study when we meet with a medicine which has effected a cure, we must look for it in Hahnemann's Materia Medica Pura, and then review, not merely the symptoms for which it was used in the special case, but also its whole sphere of action, so as to form for ourselves an idea of the agency of the medicine in this case and in general. This attempt will at first prove rather rude; but the oftener a medicine is mentioned in cases of disease, the oftener we review its general and special action, the greater number of fixed points we shall obtain.

Let us now take up a work on special therapeutics, (up to the present time that of Hartmann, if not the only one, is at least the most complete,) or a good monograph, and peruse the corresponding chapter; when, for instance, we have met in the 3rd vol. 1-78 of the Archives of Stapf and Gross with the case of pneumonia, in which Aconite and Bryony were employed, let us read the section on acute pneumonia in

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Hartmann, or in the Homœopathic Quarterly Journal of Mueller and Meyer, or in the Clinical Studies of Wurmb and Caspar.

Here we find a number of medicines with more or less accurate indications. Compare these with the text of the Materia Medica Pura, and we shall gradually become more at home with it: individual points will combine as in a crystallization, and form centres around which related symptoms may group themselves. In this way we follow out the synthetic and the analytic modes at the same time. This mode of investigation should also at an after period in practice never be omitted in making use of the repertories, or a work on special therapeutics, which must never be allowed to supersede the contemporaneous reference to the general action of the medicine.

After this specially clinical course of self-instruction, we may now proceed independently with the study of the Materia Medica. For this purpose with the view of forming at once a general view of a medicine, it will be well to make use of Noack and Trinks' Manual. We may then proceed for ourselves with the study of each individual medicine. Where we have this before us in the later provings, as in those of Vienna, the key to the enquiry is easily found; we require only to make an abstract, a condensed arrangement of characteristics already, without any trouble of ours, prominently brought out. Where, however, the old form of the Materia Medica Pura and the chronic diseases of Hahnemann is retained, as it is in the Homœopathic Archives, in the Hygea, in the General Homœopathic Journal, in the provings of Hering, &c., the student must search out for himself the characteristic physiological points, and sketch out for himself out of the individual symptoms a diagnosis of the whole medicinal disease, and from the component parts of this disease particular types, which answer to natural forms of disease.

This constant reference to the practical side may easily mislead, if we have not previously made a picture of the general action, and to this individual forms must always be referred. It is not easy to create such a characteristic type,

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but by exercising great attention, and particularly in connection with the course of clinical study above recommended, we gradually succeed in acquiring several fixed points or sign posts.

If now, after impressing the important points on our memory, we take up another medicine and subject it to similar treatment, we soon become aware of the finer shades of difference, and indeed may for the first time by the comparison instituted between the two medicines, whether specifically related or not, have our attention directed to what is characteristic in either. Many symptoms are repeated, others look altered. We learn to compare, we discern physiological difference, different clinical indications; therapeutics also point here to other forms of disease. Here we shall find the contemporaneous prosecution of the synthetic and analytic modes of great service. The two modes of enquiry are by no means irreconcilable; on the contrary, one supports the other, both proceed to the same object, and the one method always secures a refreshing interchange for the other; the tiresome study of the Materia Medica in especial will be varied by it in a way as useful as it will be pleasant.

(2.) *It is radically injurious to study more than one medicine at a time.*

When we so particularly recommended the clinical studies, in connection with a comparison of different medicines on account of exact indications, we had in view, by these means, the attainment of familiarity with the medicines. But matters are very different in the deeper and resultful study of proper Pharmacodynamics, which will guide us to a standpoint from which we may sketch a clear and deeply grounded representation of the general character of the medicine. Before the thorough investigation of a medicine we cannot understand it, and till we shall have prepared with equal care a large number of such medicines for our own use, our knowledge must be merely superficial, and merely patchwork. It is a great mistake to study several medicines at

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the same time in order to hasten the process of acquiring knowledge. We must avoid this rock. We must first perfectly understand one remedy before we proceed to another; that is, we must not disturb our impression of it by a new one, nor proceed merely half-way with our study of it. If we do not avoid this danger, we prepare for ourselves delusions and half knowledge, which in homœopathy, even more than elsewhere, leads to confusion, and nullifies what we have attained.

There is a principle involved in this fact, and it is this: *Every medicine must be treated as an independent individual.* It is thus only, through the most thorough knowledge possible of each individual to facilitate and indeed render attainable a scientific comprehension of the whole.*

(3.) It is not sufficient to read through, and study thoroughly, a medicine only once; but we must do this repeatedly and frequently, in consequence of the peculiar character of our Materia Medica. We shall do well at the commencement of our studies, as often as we meet with a medicine in the practical treatises, histories of disease, and so on, to convince ourselves of the accuracy of the indications, by a reference to the original source.

The frequent study of one and the same medicine well repays the labour.

At the first view, we receive a number of sketches, with which we hardly know how to begin; much appears to us unmeaning, accidental, trifling, at least without a deep significance; on repeated perusal, however, we perceive here and there a connection; repetitions of the same phenomena show themselves; circumstances arrange themselves definitely, which exercise an influence, and thus something settled appears in the symptoms, already significant of character. Individual symptoms arrange themselves better, a certain connection is perceived among the anatomical and physiological points, out of the special, general signs of note develope themselves; the unmeaning receives significance;

* On the foregoing ground we must altogether reject the method of study recommended by Jahr, in the French edition, vol i. p. 31.

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the accidental appears necessary; the trifling important. And it is thus exactly by the repetition of the study of the same medicine, that we are at last enabled to separate whatever is really isolated, accidental, or without a radical connection with the leading symptoms. We need hardly mention, also, that the memory will be much assisted by these repetitions, to retain the numerous particulars to be found in the provings.

(4.) *We should accustom ourselves to pursue the study of the Materia Medica not merely in a receptive or passive way, but also in an active way, so as to arrive at definite conclusions.*

I mean that it is not sufficient to learn and get off by heart the most remarkable symptoms: this will lead to no result, even with the greatest powers of memory, because this affords no understanding of what is really wanted; but an independent sifting and re-arrangement must be undertaken; the student must create for himself, out of the dead material, a living whole.

This is best done, pen in hand, in the way indicated under (b.). We must proceed in writing, but not merely to make extracts, or abstracts,—these are worth no more than piecemeal copies,—but in writing we must arrange and compare, and then bring into a synoptical scheme, the results of our comparisons, indications, and reflections.

(5.) Both the requirements of practice in so far as they point to some medicines specially as most frequently used, and the necessity of studying the particular character of such medicines as are best fitted for mutual comparison, or present the most numerous salient points to be laid hold of, suggest the propriety of not proceeding alphabetically with the study of the Materia Medica, (but without altogether excluding any medicines of rarer but necessary use,) of occupying ourselves, at first more especially, with the so-called polychrest medicines, that is, with those in most common use, which have been at the same time the most perfectly proved, and the symptoms of which are most pure in a physiological point of

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view. Such are:—Aconitum, Belladonna, Bryonia, Mercurius, Nux vomica, Pulsatilla; Chamomilla, Ignatia; Cocculus, Rhus, Dulcamara, Arnica; Phosphorus, Acidum phoshoricum, China, Camphora, Arsenicum, Carbo vegetabilis and animalis; Sulphur, Lycopodium, Sepia; Calcarea, Silicea, Hepar sulphuris; Ipecacuanha, Veratrum, Coffea, Hyoscyamus.

In the second series stand as semi-polychrests.

Colocynth, Opium, Stramonium, Cicuta, Staphysagria, Spigelia, Conium, Cina, Platina, Zincum; Acidum nitricum, Petroleum, Thuja, Graphites, Baryta carbonica, Ferrum; Stannum, Aurum; Kali carbonicum, Digitalis, Helleborus, Ledum, Cannabis, Cantharides; Drosera, Iodium, Spongia; Antimonium crudum, et tartarisatum, Natrum muriaticum, Magnesia muriatica.

The following medicines form a third series.—

Ammonium, Acidum muriaticum, Acidum sulphuricum, Kreosote, Crocus, Sabina, Secale cornutum; Cuprum, Moschus, Valeriana, Nux moschata, Bismuthum, Asa, Angustura, Agacus muscarius, Ambra, Anacardium, Capsicum; Agnus castus, Clematis, Colchicum, Squilla, Sassaparilla, Guaiacum, Oleander, Rhododendron, Ruta, Mezereum, Bovista, Borax, Alumen, Plumbum.

To these medicines the remaining ones will connect themselves the more suitably, as the greater number of chronic cases, for which these medicines are chiefly required, admit of more leisurely study. Solemnly, however, do we repudiate the idea of any preference being given to any medicine by this arrangement; and we protest against any exclusive favour being shown it in practice on that account.

Each medicine is in turn the best where it suits, and he will do ill who limits his use of the medicines to the circle of those with which he is most familiar, or to which he is most partial.

The practice of the physician is, moreover, of so varied a character, that at the very outset of his career cases may occur in which the medicines of most unfrequent use may find their fitting place. Cónstantine Hering sketches a very true picture of a practice without a proper knowledge of the

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Materia Medica, when he says,—"In the greater number of cases of every day occurrence, will these favourite medicines be given where they do not suit, and can do no good: a number of medicines will be used on account of single symptoms, a still larger number will be entirely neglected. In important and rare cases, where the greatest diligence is given in seeking out the proper remedy, this sudden exertion is of no use, so that of two medicines the right one cannot be selected, or perhaps not a single one seems to suit."

(b.) In regard to the study of each individual medicine.

With regard to the particular study of each individual medicine, it is important, at first by anticipation as it were, to form for ourselves in broad and comprehensive outlines, an idea of the sphere of action of the medicine; then to acquire an insight into the anatomico-physiological or local-specific relations, that is to say, a knowledge of the parts, organs, systems, tissues, &c., on which the medicine acts; then to ascertain the tendency and mode in which the medicine acts —or the morbid process, and so to arrange the symptoms into groups, as that out of them the pathological states and special forms of disease may naturally proceed. With these we must learn the exact connection of the circumstances which exercise an influence on the production, amelioration, and aggravation of the symptoms. We thus open out to ourselves a view into the ætiological relations; for example, the action of the open air or chill; of indulgence in alcoholic stimulants; the order in which these changes stand in regard to particular functions, whether, for instance, they occur before, during, or after a meal, or an alvine evacuation; the connection in which these groups of symptoms stand with one another, as may be gathered from their contemporaneous occurrence or close succession; for example, headache with gastric states, cough with vomiting, sleep with febrile state, &c. Lastly, the mental states produced by the medicine are very important for a knowledge of its individual nature. In order to ascertain these important points, we must carefully put together the details. We must then institute com-

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parisons in regard to the symptoms and the phenomena, and where we can get them, with regard to the individualities of the provings, then certain diagnostic characters will assume a certain constancy and importance, in proportion as they develope themselves equally among several provers, and in a stiking way.

From the characteristic anatomical signs, which are to be mutually compared at first in individual parts, as the head, chest, &c., then in their collective aspect, we are not to understand the organs and particular systems merely which are acted on, but by deeper inspection must learn to distinguish the predominant histological and general elementary states to which the medicine is specially related.

When we have done this we have advanced far towards a knowledge of the pathological process and its quality. Thus, for example, after a proper observation of the ætiological points, of the genéral character and of the particular appearances, affections of the glands easily lead us to scrophulosis, of the mucous membranes to catarrh, of the fibrous membranes to rheumatism, &c. Connections between particular anatomical parts and physiological functions will conduct us to the phenomena of one set from those of the other; for example, affections of the pleuræ to the peritonœum, heart and lung affections to liver and kidney affections, those of the skin to the kidnies, those of the urinary apparatus to the serous membranes, as in dropsy. Many mental states point to heart, chest, and abdominal affections. The feelings and indications of temperament to affections of the liver and digestive apparatus.

Equivalent states should be arranged in the mind together, for example, congestive phenomena and inflammations of particular parts.

As we compare symptoms, types of disease will at first spontaneously arise, which, however much they may differ from the forms hitherto known, yet will recall to our recollection certain states, which are current among certain nosological characteristics. We have in our minds, for instance, the forms of cramp in the stomach produced by Nux

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vomica, Ignatia, Cocculus. But we must not stop at an arrangement of the phenomena occurring in one particular part merely, such as the head, the stomach, &c., but must carry the comparison and grouping further, and compare, for instance, the symptoms of the spine with those of the extremities, the symptoms of the mouth with those of the stomach, in order to learn to distinguish the primary and the secondary, the idiopathic and the sympathetic relation of both. And as the fever symptoms, the nervous appearances, the sleep, the stomach, and the abdominal symptoms, the state of the strength, the affections of the blood, guide us to the recognition of a typhus in a patient, so must we with Arsenic, for instance, combine the particular groups that occur for the diagnosis of a corresponding medicinal disease. In this way forms of medicinal disease develope themselves which create quite a new science of clinical casuistics. When we now compare the particulars predominating in these different groups of symptoms and their common character, a decided and pronounced pathological state of a fundamental and general character may be easily perceived; for example, the congestive character of a medicine, the preponderating nervous sympathy, the predominant tendency to colliquative states, to decomposition of the blood, &c. From this general character we conclude back again as to the disease. Thus, for instance, Veratrum, Prussic acid, answer more to nervous, Arsenic, Aurum, to organic asthma. From the mental states we obtain indications as to the character of the reaction, the temperament, the sex, the predominance of particular functions, especially those of the liver and abdominal viscera.

It is precisely these states which allow us a deep insight into the inner specific qualities of the medicine, and complete or illustrate the physical symptoms.

Very important in the same respect is the state of the strength that was prevalent during the proving. The sthenic or asthenic, the erethistic or torpid character yield important explanations. The character of the pains deserve special observation, since they not only warrant conclusions as to the anatomical seat, but as to the nature of the pathological

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process. On this account we observe the places where they occur, as well as their kind. We have seen that certain kinds of pain answer as much to the anatomical part, as to the fundamental character of the disease. Drawing and tearing occur in the muscles, shooting in the serous membranes, cutting in the abdomen, tenesmus in the bladder and rectum, an ache or pressing pain in the head, squeezing in the ears, boring in the bones, pain as of bruise in the muscles and joints, pain as of excoriation in the capillaries, burning in the mucous membranes, the external skin, in the vessels (the blood itself?). The preponderating kind of pain must consequently be especially indicated among the general characteristics. To this must be added besides, the particular circumstances under which the symptoms occur, are aggravated, or ameliorated, as the time, movement, air, heat, pressure, the influence of particular acts, as of eating, drinking, going to stool, &c. And here the particular symptom affected by the cause must be borne in mind, as well as the cause itself. These conditions or circumstances lead us back as we have before observed, to ætiology and pathology.

The influence of the period of the day distinguishes between nervous, congestive, and vegetative affections; aggravation in the open air points to a rheumatic diathesis; aggravation after eating to a dependence on the digestive apparatus, &c. We must beware, however, of supposing the contrary. For instance, it by no means follows that movement relieves where rest aggravates, and *vice versâ*. Dulcamara, for example, has many symptoms which are better by movement, but very few which are worse at rest. It we cannot discover the physiological causes of these changes in every case, yet does experience shew us that precisely these above-named points are connected with particular diseased states, and even when this cannot be previously ascertained, yet do they always provide such characteristic diagnostic indications for the particular medicines, that their retention among the general signs is indispensable.

If we have now by this mental operation seized gradually the general characteristic appearances of a medicine as they

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shew themselves prominently through the individual symptoms, and obtained a view into its individuality, let us put together clearly and distinctly, this physio-pathological character as what is general in the medicine, and pass again to the special cases, which will then stand out with greater distinctness and in clearer organic connection as special clinical indications. By putting symptoms together and comparing them, (synthesis,) or dividing and distinguishing them, (analysis,) the memory will retain with greater ease both the general and particular.

Examples by which one may be enabled to study the medicine for one's-self, without a teacher.

The literature of homœopathy besides the above mentioned arrangements of the Materia Medica by Noack and Trinks, Schneider, &c., presents some studies of individual medicines which have as their special object the facilitating for the beginner this difficulty, and the smoothing the way to an independent study of the subject for himself.

Dr. Hartmann has given us studies of Aconite, Bryony, Mercurius, Nux vomica, Chamomilla, Belladonna; Wurmb of *Arsenicum; †V. Meyer of Aconite, Platina, Sepia. The first had specially before his eyes the practical side only, and presented the forms of disease in which the above-named medicines must be employed, and often gave only aphoristic remarks. Much to be preferred is Wurmb's study of Arsenicum, for it not only presents us with an analysis of the particular pathological data of a most special and perfect character, but connects this so strictly with the physiological, that the one appears to be only a completion of the other. The general and special character of the medicine shines out prominently, and thus a clear view is opened out for the beginner. But there are at the same time such interesting conclusions as to general points, important in the study of any other medicine, to be met with, that the advanced student will read this article with advantage.

* Oestr. Z. f. Hom. 1, 3, S. 25. Brit. Jour. of Homœopathy, No. 16, 17, 18.
† Hom. Viertel Jahrschrift, Bd. i, iii, iv. Brit. Jour. of Hom. No. 54, 55.

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Meyer also has the merit of great clearness, and of having successfully cultivated this stony field. What we miss in his studies of Aconite and Platina, which are rather loosely handled, he has given us in that of Sepia, which bears the marks of proceeding from a well established basis; for we have not merely a clinical use of the symptoms, as before, but a general, deep, physiological characterization is presented, in which the partial constraints of unity, and the hypothetical character of many assertions are willingly pardoned on account of the consistency and the simplification which are consequently attained in the monstrous complexity of the Sepia-symptoms. I shall, myself, now proceed to attempt a study of two medicines, Bryonia alba and Rhus toxicodendron.

But these studies differ partly in the kind and mode, partly in their tendency, from the above named systematizations; for I do not, as the above named writers do, proceed from the stand-point which they justly take of teachers, of men who are conscious they understand the medicine before them, but, inasmuch as these representations are intended to exemplify the way and mode in which the study of a medicine is to be undertaken for one's-self, I suppose myself to be a learner, who, unacquainted with the medicine and its properties, wishes to create for himself an idea and acquire a knowledge out of the materials before him, and must consequently treat them in a purely objective manner. In the consideration of what follows I would request this to be particularly borne in mind.

The previous instructions and rules for the study of pharmacodynamics will thus, in some measure, find a visible and formal realization. Previously, however, I must be allowed a few hints on the methods which are here employed. The representation on paper, which is always necessary, in greater or less extent, pre-supposes a division of the schema into particular sections, because this trouble is not taken in the Hahnemannian Materia Medica, and indeed the operation is impeded by the separation of parts that belong to one another. We are often, therefore, compelled to make

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a re-arrangement. In doing this we must observe the local arrangement of Hahnemann, as to head, scalp, face, eyes, hearing, organs of smell, lips, &c., as we have above cited them. In this way we obtain the rough outlines of the locality.

Now, according to my view, there are two modes of procedure.

1st. From the individual and special to the general, the universal.

2nd. Or, *vice versâ*, from the general to the special.

The first mode I have broached in the study of Bryony, the second in that of Rhus.

Both modes have their difficulties as well as their advantages; one is longer, the other shorter; one pre-supposes greater acuteness, the other more patient repetition; but both lead with equal certainty to the goal. The honest guide shews both in their advantages and disadvantages, and leaves the choice to the traveller. Indeed he will have no ground of complaint if both, after trial, are rejected, and a better path selected by the latter of his own discovery.

To speak without reserve, I consider the mode in which Rhus is worked out so far preferable, inasmuch as it gives the total impression on the mind, and inasmuch as, requiring as it does repeated perusals, it helps the memory, is also better adapted for comparison with other medicines, and brings the symptoms into a certain inner connection.

I have, however, given a specimen likewise of the first mode of investigation in Bryony, partly because it is, so to speak, more in accordance with natural science to proceed from individuals to generals,—partly because the analytic mode can be best shown in this way, whilst in the working up of Rhus the synthetic is predominant. In the first form the meaning or explanation of the details is the chief object, in the second the predominance, that is the frequency and the importance. Consequently in the working up of Bryony, the most perfect, undistorted material of the Hahnemannian proving must be given, leaving out only what is identical,—particulars must be specially gone into—whilst in the Rhus-

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disease the general character and the inner connexion are the more particular objects of observation. Hence we may combine and abbreviate, for we only require the essential, the peculiarly characteristic. From this point of view the total difference in the form of procedure will appear justified.

In explanation of the representation of the Bryony actions now to follow, I may remark that to avoid the confusion which would result from the introduction of foreign elements, I have only incidentally touched in the conclusion upon the results of the Vienna provings, which Zlatorovitch has given us in a condensed form in the Austrian Journal of Homœopathy, B. iii, 1, and which, besides, remarkably confirm the provings of Hahnemann. For the purpose of facilitating reference I have separated the rubrics of 'the locality,' and 'particular circumstances,' of each symptom, and have characterized by a special type the most important symptoms, the pains, the generic and specific forms of disease, &c.

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I.

EXAMPLE OF THE ANALYTICO-SYNTHETIC MODE OF STUDY.

THE ACTIONS OF

BRYONIA ALBA, (WHITE BRYONY,)

ACCORDING TO

THE MATERIA MEDICA PURA OF HAHNEMANN,

3rd Ed., Part. II, p. 419-461.

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HEAD AND SCALP.

GIDDINESS,* (sympt. 1, 2, 3, 6, 7, 9, 10, 11, 12, 17, 56,) as if one were turning round, or as if every thing were turned round him (s. 2).	.....	when standing (s. 2), as soon as he got up from his chair, disappearing after walking a little (s. 6).
A dull, giddy, oppression (s. 3)	in the head.	
Giddiness, as if intoxicated, (4, 5, 7,) and as if the blood mounted violently (s. 4)	to the head.	
Giddiness, with feeling of WEIGHT, (9, 22, 30, 31, 32, 51, 52, 56,) as if every thing turned round in a circle (9)	.....	whilst sitting *(stooping)* and reading, disappearing on rising up (56).
Giddiness and FULNESS (10, 18, 58)	in the head (10).	
Giddy, with sense of whirling, and an unpleasant sensation in the middle of the chest, as if faintness was coming on (11)	.....	on sitting up in bed (11).
Giddiness, so as to stagger backwards and threaten to fall (12, 13)	.....	on standing in the evening (12); on attempting to walk (13).
STAGGERING (8, 12, 14, 16,) to both sides, as if he could not stand up firmly (14)	.. ..	during *walking* (14); in the morning on getting out of bed (16).
She staggers to one side (15)	.....	after *movement* (15, 38, 42, 75); while standing (15).
Giddy in the head and weak in the limbs (17)	.....	the whole day.

* The numbers affixed indicate the order of the symptoms according to Hahnemann. The frequency and coincidence is given by the numbers. Exactly equivalent symptoms are omitted.

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Dull movements in the head, which occasion giddiness and stagnation of thought (19)	in the region of the vertex and forehead.	
More BEWILDERED than giddy (20)	in the head.	
So weak in his mind that his thoughts vanish; as if about to faint with heat (21)	in the face.....	chiefly during standing.
Hallucination, his own head seems much too heavy to him (22); like a hundred weight (30, 31).		
STUPID in the head (23, 26); with excessive deficiency of memory (23, 29); the thinking faculty is impeded (26); cannot collect himself (29).		
She forgets what she is about (24, 25); and lets every thing fall out of her hands (25)	.....	(in the room), worse on lying down (24).
He asks for things which are not present, (27), which when obtained he will not have (28).		
Great weight (32), and pressure (32, 38, 40, 43, 44, 45)	of the whole brain from behind forwards (32)	whilst stepping out (38).
STUPEFACTION (33)	of the head	till bed-time (35); he will not get up (37).
Confusion (34).		
Gloominesss (35, 37) as after a debauch (37).		
HEADACHE (36, 37, 41, 42, 52, 53, 54, 57, 60, 61, 62, 63, 71, 75)	.....	beginning early in the morning, not on getting up, but on first opening and moving the eyes (36) early while waking (37).

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Dull pain (39)	in the occiput.	
Dull ache (40)	in the occiput.	
Throbbing pain (41)	in the forehead	compelling recumbency.
Digging ache (42) with pressure to the forehead	*in the anterior portion of the brain*	especially on *stooping* and *walking quickly, a* walk tires him much, so that he can hardly stoop (43), while taking a walk and after dinner (53).
Pressive pain (43)	in the forehead.	
Pressure from within outwards (44, 52, 53, 57, 59).	over the left socket in the brain, passing into a pressure on the eyeball from above, inwards (44); to the forehead (53).	
Semilateral headache of a pressing kind	and in the eye, of the same side.	
Obscure compressive pain (46)	in the forehead and the eye.	
At first congestion of blood; then followed a feeling of compression	to the head (47).	
	from one temple to another (47).	
Feeling of compression (48, 49, 50)	from one ear to another (48); on both sides of the head (49).	
With jerks, like pulsations (50)	in the brain.	
Heaviness of the head (51) as if it were stretched out, intermixed with SHOOTS (51, 57, 67—70).	.....	she could not raise her eyes for pain; on stooping she could not raise herself again (51).
Violent headache, like a great weight, as if he must nod on all sides, with pressure outwards (52)	..... in the brain.	and great desire to lie down.
Pressure outwards (53, 57)	in the forehead (53).	while walking and after dinner (53).
Feeling as if all		

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would fall outwards (54, 55)	*towards the forehead* (54)	on stooping (55).
Pressure outwards (59)	in both temples.	
Feeling as of an expansive pressure (58, 60)	of the skull.	
Headache, like a weight which presses on a sore place (61)	in the occiput, to the shoulders.	
Semilateral headache like a digging pressure	on a small spot of the right hemisphere of the brain (62).	
Like a sort of digging or tearing (62)	along the bones of the upper and lower jaw-bones downwards (62, 63), in connection with a painful submaxillary gland.	
A twitching drawing (63)	in the malar and jaw-bones.	
A jerking tearing (64)	from the right malar bone to the right temple upwards.	*externally, more violent on touch.*
Tearing pain (65, 66)	in the left side of the head (65); over the forehead superficially, then in the muscles of the neck, then in the right arm (66).	
Shoots (67, 68, 69, 70)	in the head through the temple (67); from the forehead to the occiput (69)	while walking in the open air.
Whirling sensation (70)	in the right side of the forehead.	
Headache, with HEAT IN THE FACE, rather jerking than throbbing (71)		
Painful throbbing (72, 73, 75)	(above, on the vertex) (73)	also perceptible externally (72); quicker on movement (75).
Pain, hollow throbbing, (74); chirping as	in both temples.	

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of grasshoppers (76); gurgling (77)		
Pain, as if any one was pulling the hair (78)	in the temples (78).	
Burning pain (79)	above, on the head,	not painful on touch.
Headache (80)	in the forehead;	especially on touch.
Feeling of excoriation (81)	on one side of the occiput,	on handling it.
Smarting, gnawing (82)	itching on the scalp,	(at night) (82); on combing the hair (84).
Great greasiness of the hair (83).		

Conclusions from the foregoing.

As to the locality, we find both the whole head and particular positions of it affected.

Especially affected are:—the *anterior part* of the brain, *the frontal portion, the region above the eyes, the temples.* From this we learn that the first Branch of the Trigeminus is affected by the medicine. One-sided, semi-lateral affections occur only as detached symptoms. The General and Internal Oppression of the Brain indicates affections of a serious character. That these extend themselves to the Skull, the Bones, speaks for a material obstruction, probably for an effusion of fluid; S. 58, 60, point particularly that way. The kind of pain and the termination of the inflammation may lead us to an affection of the Serous membranes. There are also for affections of the Muscles, and Fibrous membranes, indications in the tearing pain.

Among the symptoms are predominant,—the phenomena of abnormal Circulation, Hyperœmia, Congestions in the Vessels, Inflammation, (compare symptoms 1, 5, 8, 9, 10, 13, 19, 41, 47, 54, 70, 71, 74, 76, 77). These, and the remarkable heat in the face (20, 47, 71) show that the phenomena are not purely of a nervous character, but depend on Congestion.

The kind of pain gives special support to this view; it is

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now *pressive*, now *digging*, now like a pain of *soreness*, and now a *throbbing*. The *squeezing*, *compression*, *tension*, and *distension*, are only varieties of this pressure. This manifestly points at hyperœmia and inflammation. The *shooting* pains indicate inflammation of the serous membrane (meninges), aggravation by *movement* (*stooping*) speaks far for a congestive, that by *touch* for an inflammatory character. The obscure movements, with giddiness and suspension of the thinking faculty (19), the confusion (20), vanishing of the thoughts,—further the S. 23, 24—29, the dull pain point to oppression of the internal parts of the brain, and particularly (*a*) to an affection of the Sensorium; (*b*), to a commencing Deterioration of the Sanguification, as is usual in organic diseases, in typhus and other nervous conditions. The squeezing and pressure appears more in the central parts, from *within outwards* (51, 53, 59, 88), particularly as if *all would fall out at the forehead.*

This we find as well in mere hyperœmia, as in organic diseases of the brain; it points particularly to Decomposition, to an Effused Fluid, (compare heaviness, tottering, &c.), Exudation, Dropsical Collections.

Besides we find frequently—Jerking, Tearing, Digging.

These last kinds of pain are indications of nervous affections, which depend principally on congestive states, as also on organic changes lying more deeply, to which the Twitching and the Gurgling are also to be referred as symptoms of organic disease of the heart, with hyperœmic diathesis.

The extension of the tearing to the face, &c., indicates a neuralgic affection, which may have, probably, a congestive or an inflammatory character. Whether the open air causes aggravation, is not yet ascertained (rheumatic?).

On arranging these observations under a clinical point of view, we find the following principal forms of disease correspondingly indicated, and provided that the precise phenomena suitable for Bryony are comprehended in the choice, they will be indications for its employment.

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I.—ABNORMAL CIRCULATION (HYPERŒMIA) OF THE BRAIN.

(1.) *Congestive states*, especially to the anterior part; headaches of that sort.

(2.) *Inflammations of the brain* and of *its meninges*, especially where nervous phenomena or exudation, effusion of fluid threaten, or are already present. (See II.)

II.—ABNORMAL SANGUIFICATION, COMMENCING ORGANIC DEGENERATIONS.

(1.) Second stage of *inflammation*.
(2.) *Hydrocephalus acutus*.
(3.) *Typhus ?* Compare the fever symptoms.

III.—NERVOUS DERANGEMENT (HYPERŒMIC).

(1.) *Affections of sensation in the head.*
(2.) *Neuralgia of the trigeminus.*
(3.) *Hemicrania.*

IV.—RHEUMATISMUS ? (HYPERŒMIC TEARING IN THE HEAD).

To get a more exact knowledge of the idiopathic or sympathetic nature of the head affections, and for forming groups of symptoms, compare the

(1.) *Gastric* affections.
(2.) *Fever symptoms* (on account of the headache, stupefaction, gloominess, forgetfulness, &c.).
(3.) *Symptoms of the extremities* (on account of rheumatism).

As to the scalp symptoms, they are either extensions of the so-called hyperœmic or nervous states, or have to be compared with the *skin* symptoms.

We may remark that the Vienna provings (see Oestr. Zeitschr. *f. Hom.* iii. 1.) *has more than one hundred symptoms belonging to the preceding section, (Hahnemann only seventy-eight) which are more clearly marked, inasmuch as they give the seat and kind of pain with greater precision. The pathologico-anatomical appearances (redness, vascular injection, plethora,) confirm the above given conclusions from the symptoms.*

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FACE.

Painful THROBBING, (85)	in all parts of the face	also perceptible under the fingers.
Itching prickings, like those of needles (86)	in the right frontal muscle.	
Tension (87, 91)	in the frontal muscle under the skin (87) in the skin of the face (91).	on moving the eyes (87); or the muscles of the face (91).
HEAT, with REDNESS, (88, 89, 90); passing (90)	in the head and face.	
Red spots (92)	in the face and neck.	
Paleness of the face (93).		
Red, hot, soft swelling (94)	of the face.	
SWELLING, with some PAIN (95, 96)	of the left side of the face, more down along the nose (95); of the upper half of the face, under the eyes and over the root of the nose, with swelling of the eyelids (96).	
A small impetiginous pimple (125)	on the right cheek.	

Conclusions.

The Fifth Pair is affected here also, especially the frontal and supra-orbital nerve, as well as the anastomosing nerves of this with the facial. Compare symptoms 86, 87, 91, 95, 96. The forms of disease are :—

I.—Neuroses with hyperœmic (inflammatory) character. (Compare painful throbbing (85), itching pricking (86), tension (87, 91), as

Inflammatory prosopalgia.

II.—Rheumatism, as

Rheumatic swelling of the face.

Compare further on,—

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(1.) The *fever symptoms*, &c., on account of the redness of the face.

(2.) Those of the *skin*, on account of the spots (92), the impetigo (125), and paleness (88, 93).

THE EYES AND THEIR COVERINGS.

Constrictive pain (97)	in the right corrugator supercilii.	
REDNESS (98, 114, 112) and SWELLING (98, 100, 114—117, 120), with pressive ache	of the eyelids.	
A tubercle of the size of a pea (99)	in the lower lid of the left eye,	painful by being pressed.
A soft pustule, from which much PUS can be squeezed out (100, 120)	at the inner angle of the left eye.	
The eyes are difficult to be opened; agglutinated by a purulent mass (101, 114, 116, 117)	.....	*in the morning* on waking.
Pain, as if from having been burnt, (102, 103)	above the left eye (102, 103, 109,) and on the left side of the nose (102)	somewhat relieved by touching the part (102).
Burning pain, as from fire, (103)	from the left eye.	
Pressive ache (104, 105, 106, 115, 117), with a burning itching feeling, (105, 122)	in the eyes (104, 105, 115); more from above downwards (106); in the eyelids.	
A throbbing (106)	in the right eye-ball (107).	
Frequent LACRYMATION (108, 109, 121)	of the eyes.	in the air (121).
Dim-sightedness, as if it were full of water, (109)	of the left eye.	

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Weakness of sight, all the letters run into one another (110).	
Presbyopia; can only see at a distance (111)	
Redness and INFLAMMATION of the lower, quivering of the upper (112)	eye-lid.
Pain of soreness and excoriation (113)	in the inner angle of left eye.
Smarting, as from sand, compelling one to rub his eyes (118, 119)	in the eyes (118); in the right eye (119).
Sudden SWELLING of the eye, and pain without redness; matter oozes out, dark redness and swelling (120)	of the conjunctiva.
Itching, with burning and tearing (122)	at the border of the left upper eye-lid.
Itching, mixed with smarting, not to be removed by rubbing (123)	in the outer angle of the left eye.

Conclusions.

If we treat of the parts affected first, we find the *muscles*, the *eyelids*, the *angles* of the *eyes*, the *conjunctiva*, and the whole *ball* of the *eye*. We have to add to the elements already recognised as affected by Bryony (the blood, the nerves, the sero-fibrous membranes, the muscles,) the Cellular and the Mucous Membrane.

As before, we find predominant—

I.—HYPERÆMIA.

(1.) *Congestive states* of the eye (throbbing).

(2.) *Inflammation* of the lids, canthi, Conjunctiva (pressive ache, constriction, smarting, excoriation; redness, swelling, pus,) and indeed since the Mucous Membranes are attacked, and the *air* is brought into play, there is produced as a special kind of Bryony-inflammation, the Catarrhal.

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II.—The NEUROSES.

(1.) A continuation of the *neuralgia* of the first branch of the fifth pair, nervus frontalis, naso-ciliaris, lacrymalis, (S. 97, 102, 103, 104, 106, 115,) (smarting, itching) = an affection of the cutaneous nerves.

Are these eye affections independent? Experience teaches their sympathetic constitution; consequently compare further on,

(1.) Mucous membranes of the *air passages*, &c., for the Catarrhal affections.

(2.) The *skin* symptoms for the Exanthemata (measles).

(3.) *Gland* symptoms for the Scrophulous nature of the eye affections.

N.B.—S. 110 *is connected with cerebral affections.* *S.* 111 *is too isolated and questionable.*

THE HEARING AND EXTERNAL NEIGHBOURHOOD OF THE EAR.

SWELLING, (126, 135, 136,) with burning pain	of the right cheek, close to the ear (126).	
RINGING, as of small bells, (127)	before the left ear.	
A constrictive pain with DYSECOIA, removed by removing the wax, but only to return (130)	in the auditory canal.	
Feeling as if a finger were pressed on it (131)	in the meatus auditorius externus.	which increases on *stooping*, while reading.
Dull pain (132)	round about the left ear.	
Burning from within outwards (133)	in the left ear.	
Burning (134)	in the lobule.	
Hard LUMP, which often changes its size (135).	behind the ear.	

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A pustular swelling, which burst in twelve hours, and FORMED A YELLOW CRUST (136)	before the ear.	
Humming (137)	before the right ear.	
Sensation, as if the ears had been stopped (138).		
Shoots (139)	first in one, then the other ear	during a walk in the *open air*, and on his return to the house.
Discharge of BLOOD (140)	from the ears.	
Violent pressive pain (141)	in the right external ear.	
ULCERATED	external ear (142).	

Conclusions.

The seat of the symptoms is chiefly the *outer ear*, thougl the *meatus*, and without particularization, the *ear* itself ar(said to be affected. Throughout, the affections of the Mucous Membrane come out prominently.

The clinical forms are here likewise.

I.—Hyperœmia—(pressive ache, burning, shooting, dysecoia, swelling; the *open air* and *stooping* aggravate).

(1.) *Congestive states*, connected with cerebral affections (S. 127, 137, 138,).

(2.) *Inflammation* and *Catarrh* of the inner auditory passages.

(Dysecoia dependent on congestion and catarrh.)

(3.) *Swelling about the ear*, connected with deposition of coagulable lymph; *affection of the cellular membrane*.

II.—Neurosis.

(1.) Neuralgia of the external ear in connection with hemicrania, congestion to the head (S. 130, 132, 134, 141,).

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Compare (above).
(1.) Head affections for the congestive and neuralgic symptoms.
(2.) Skin symptoms for the exanthematic.
(3.) Glandular symptoms, for the scrophulous nature of I. 3.

NOSE.

A frequent creeping and tickling (143)	in the septum of the nose	especially on blowing the nose.
A SWELLING, (144, 146), with twitching pain, also when touched, as if about to ULCERATE (144)	in the left side of the tip of the nose.	
A SORE, (145, 152,) with smarting pain (145)	within the left nostril (145); in both (152).	
SWOLLEN NOSE, with EPISTAXIS, frequently recurring in the day (146).		
Epistaxis, violent, (147—149, 150—155, 156).	out of the right nostril	several times a-day (148); *early* after rising (154); in *sleep*, 3 A.M., so that he awakes (155).

Conclusions.

The dismemberment caused by Hahnemann's schema has here separated the symptoms of the mucous membrane of the nose which follow after, and to which S. 143 belongs. The above cited phenomena are in their nature subordinate (sympathetic) depending,
(I.) On abnormal circulation.
(1.) *Epistaxis.*
(II.) On abnormal sanguification.
(1.) *Ozœna,* (S. 144, 145, 146, 152).
Compare for I. the cerebral symptoms above, and further on, the gastric, the catarrhal, menostasis.
For II. the gland symptoms: whether of a scrophulous character?

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EXTERNAL PARTS OF THE THROAT AND NAPE.

Drawing, with pressure (158)	in the throat up to the ear.	
Pain (159)	in the posterior part of the throat	perceptible on *movement*.
Tensive STIFFNESS (160)	of the left side of the neck.	
RHEUMATIC STIFFNESS (161)	from the side of the neck to the nape.	
Tension (162)	in the nape	on *moving* the head.
Itching prickings, like needles, provoking scratching, and disappearing afterwards (164).	on the neck	especially after *walking* quick.
Red MILIARY RASH (194)	in the neck.	
A smarting, itching rash (197)	round the neck	especially after perspiration.
Pain of excoriation (163)	on the left side of the nape of the neck, and neck, of the facial and masticatory muscles	on *movement*, impeding turning of the head and chewing, even to preventing it.

Conclusions.

The *nerves*, the *muscles*, and *sinews*, the *cellular membrane*, the *external cutaneous parts* are affected in a similar way with the preceding parts. For we observe,—

(1.) An *inflammatory* state (S. 159, 163,). (Aggravation on *movement* is worthy serious consideration here).
(2.) A *neuralgic* (S. 158,) through the anastomosis of the trigeminus with the sympathetic and spinal nerves.
(3.) *Rheumatic* (S. 160, 161, 162, 192,), and
(4.) *Exanthematic* affections (194, 197,).

Compare for No. 2, the *face* symptoms; further on for 3, the *nape* and limb symptoms; for 4, the skin symptoms.

Remark.—Kammerer in his Metaphlogosen des Zellgewebes, *considers the Vienna provings as doubtful, that is, as sympathetic consequences of angina.*

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THE CHIN AND PARTS CONNECTED WITH THE MAXILLARY BONES.

Painful pressure (127)	under the right malar bone	disappearing from external pressure.
Pinching pressure (128)	in the right joint of the jaw	more violent on *movement.*
A pimple, with stinging pain (157)	on the chin	on being *touched* or turning the head.
Pain, either simple or as from a pinch (191)	in one of the submaxillary glands.	
Feeling as if a little knob on the bone, with tensive pain (193)	on the lower jaw.	on *touch*, and on *turning* the head.

Remark.—S. 163 *partially belongs here also.*

Conclusions.

These symptoms bear the stamp of being sympathetic, and indicate

(1.) *Neuralgia* of the trigeminus through anastomosis of the zygomatic nerve with the second branch, and with the facial nerve? S. 127, (*touching relieves !*) S. 193.
(2.) *Muscular affections*, S. 128, 191 ? 163.
(3.) *Cutaneous affections*, S. 157.

THE LIPS.

Fissure (165), burning (166)	in the lower lip.	
Small ULCERATED PATCHES, with burning pain, (167)	on the lower lip	on being *touched.*
A small elevation, from time to time BLEEDING violently	on the right corner of the mouth, but rather on the lower lip.	
A VESICLE, with burning pain (169)	on the red of the under lip.	
ERUPTION, smarting (170)	under the left corner of the mouth.	

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Itching, smarting eruption, as from salt (171)	on the lower lip beyond the red.	
A painful shooting plucking, somewhat as from cancer of the lip (172)	between the under lip and the gum	in the morning in bed.

Conclusions.

Several actions are inexplicable without comparison with others that follow. The *mucous membranes* are predominantly affected.

(1.) S. 166, 169, 171 point to vesicular affections (*hidroa*) each according to its locality and species.

(2.) S. 167, to *aphthæ*.

(3.) S. 168, probably also 170, 171, to disorders of the *sanguification*.

S. 172 is purely sympathetic.

Compare further on for 1. 2. the symptoms of the *mucous membrane of the stomach*, and those of *fever*; for 3 the *skin* and *gland* symptoms.

THE TEETH.

Tooth-ache (173—176, 179—185), jerking and shooting (173, 174), excessive (180)	in the teeth to the ear (173); now in the upper, now in the lower jaw teeth (174); in a jaw tooth (179).	which compels him to lie down (173); if the finger be pressed on an upper tooth which is pained, the pain *shifts to the opposite lower one* (174); on smoking tobacco as usual (175); merely on *mastication* (179); during rest and in bed, diminished by mastication (180); after taking any thing *warm* (181); worse on drawing the *air* into the mouth (184).
Feeling of ELONGATION and LOOSENESS	in the left upper jaw teeth.	only *during* and *after eating*.

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(176); drawing (176, 177); sometimes jerking tooth-ache (182)		
Looseness	of all the teeth (178)	perceptible on *being felt* or on *clenching the teeth*.
Tearing, shooting tooth-ache (182)	passing even to the cervical muscles.	worse on *eating* and *warmth*.
Feeling as if the tooth were screwed in and then raised out of its socket, with tearing in the cheek and pinching in the ears (183)	.....	at night; *relieved for an instant by cold water, better on walking in the open air*.
Tooth-ache, as if cold air were penetrating to an exposed nerve in a HOLLOW TOOTH (185)	.....	worse on lying on the unaffected side, removed by lying on the affected side.
Pain, as of SORENESS	in the tooth (185)	*on drinking something cool*.
Pain, of rawness and soreness when shaking a tooth (187)	in the gum.	
All the jaw teeth feel too long! (188, 189)! they are so LOOSE that they can be moved too and fro (188)	.....	*she cannot bite with them, and when she tries, there is a pain as if the teeth were falling out: early on waking*.
SPONGY	gums.	

Conclusions.

These pictures of disease are excellently sketched. The character of Bryony, even if all the tooth pains were merely sympathetic, would only be the more confirmed.

Very clearly we perceive it as

I.—An action on the *circulation*.

(1.) The *nervous, irritable*, principally *congestive* toothache (hence that of pregnancy).

(2.) The *inflammatory* toothache, especially the affection of the *periosteum* and the *gum*: (the *kind of pain, the elongation, looseness of the teeth, the being screwed in*, dependent on an *exudation* at the periosteum of

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the root). *Movement* during *chewing, eating, aggravates; cold,* walking in the *open air, relieves.*

II.—Upon the *sanguification.*

The *carious* toothache with chronic *inflammation* (S. 185, 186). Action of *cold,* of *mastication* (184, 185).

III.—Rheumatism.

The affections of the *nervous* sheaths, the drawing, tearing pains, the extension (S. 173, 182, 183), the leaping from one place to another (174), answer to *rheumatic* toothache.

S. 190 belongs to affections of the mucous membrane (stomacace).

Remarks.—The Bryony tooth pains, better given in the Hahnemannian provings than in those of Vienna, are sharply cut out from all others. They stand, however, in exact connection with the general character of Bryony.

The particular circumstances present here are points of great value for the individualization.

THE INTERNAL PARTS OF THE THROAT.

Painful stiffness of all the cervical muscles, and ROUGHNESS (192)	within the throat.	on *movement* (192); see above* on swallowing.
Scraping, rough feeling (192)	in the throat.	
A feeling of SWELLING and as if he had a cold (196).	.....	preventing *speaking*.
Internal shooting (198, 199)	in the throat	on *feeling* the throat, and by turning the head (198); on swallowing (199).
Pressure, as if he had swallowed a hard angular body (200)	in the throat.	
She cannot GET FOOD OR DRINK DOWN: CHOKING (201)	in the throat.	
Feeling as if the throat were inwardly		

* This belongs to the external neck.

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swollen and full of mucus, which cannot be hawked up (202)	.....	on swallowing.
SORE-THROAT; DRY and raw (203, 204)	in the throat (203); behind and above (204).	during empty deglutition; during awaking; disappearing after a short time, then returning; worse in a warm *room* (203); in the *evening* (204).

Conclusions.

An unmistakable form of *angina, faucium,* and *tonsillaris,* which is evidence for the inflammatory action, the affection of the mucous membrane, and the *chill* element.

Compare further on:

The *mouth, stomach,* and *bowel* symptoms for the gastric (catarrhal) character.

INTERNAL PART OF THE MOUTH.

(The Tongue, Thirst, and Taste symptoms, &c.)

FEELING OF DRYNESS (205)	not on the tongue, but above on the palate.	
VESICLES, which burn and smart (206)	on the anterior border of the tongue.	
Dryness (207—211) so that the tongue sticks to the roof of the mouth (207)	in the mouth (207, 209) merely within the upper lip and the upper teeth (211)	*early in the morning* (209).
Without thirst (208, 210).		
Much THIRST, without heat (212)	.....	in the day.
Violent thirst, (213—216) twenty-two days long (213)	.....	especially in the morning (214); night and day (215); *after eating* (216)
THE SALIVA RUNS FROM HIM INVOLUNTARILY (217, 218)	out of the corners of the mouth (217)	

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Accumulation of much soapy, frothy saliva (219)	in the mouth.	
Very WHITE coated (220)	tongue.	
FLAT, SWEET, nauseous taste (221, 222, 225)	in the mouth.	
Disagreeably insipid taste (223, 224). HE HAS ALMOST NO TASTE (223).		
Almost no taste, when not eating it is BITTER (226).		
Everything tastes bitter (227, 228, 229, 264); he can swallow no food (227)	in the palate (228); in the mouth (229)	remained constantly—*after dinner* (228); in the morning (229); in the *evening* after laying down (264).
Taste as if the teeth were FOUL, or of putrid flesh (230)	..... in the mouth	in the morning when fasting, not during eating (231).
A RANCID, SMOKY taste (233) rises	into the throat	late in the evening.
Putrid SMELL (232)	from the mouth (232)	

Conclusions.

These pathogenetic actions form for themselves no exclusive physiological group of symptoms, but receive their completion through others. Manifestly affected are the mucous membrane of the stomach and the intestines,—*the bilious system.*

We have consequently to compare further on.

(1.) The symptoms of the *stomach* and *intestines,* on account of the gastric (apthous) and pituitous character (S. 220).

(2.) The *hepatic* and *bilious* symptoms, on account of the predominant bilious character now presenting itself for the first time.

(3.) Symptoms of *fever* and *inflammation,* for the sympathetic affections of these tissues in febrile and in-

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flammatory states (compare the symptoms of dryness and thirst).

(4.) The S. 217—219 point to cardialgic troubles. See *stomach* and *abdomen* symptoms.

Remark.—The tongue symptoms are more decidedly expressed in the Vienna provings, and speak especially for aphthæ, see above, 167.

STOMACH.

(Gastric symptoms, Hunger, Appetite, Risings, &c.)

LOSS OF APPETITE without bad taste (234, 236).		
SPOILED APPETITE (235).		
The stomach is empty; HUNGER without appetite (237, 239)		
Nothing has a relish (246)		
Morbid hunger with loss of appetite (238, 244)	.....	*in the morning* when fasting (238).
Constant NAUSEA, (240) and immediately after morbid hunger, (240, 245).		
Morbid hunger, with THIRST and FUGITIVE HEAT (241)	.....	in the morning (241); *till night* (245).
Violent hunger for fourteen days (242).		
Much too great desire for food for six days (243).		
He has no appetite for milk (247)	.....	but when *he begins to take it* his appetite returns and it begins to relish.
DESIRE FOR MANY THINGS, which he can-		

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not eat when he gets them (248).		
The food smells nice (249)	.....	but as soon as he *begins to eat*, his appetite goes away.
Desire for WINE (250); for COFFEE (251); strong (252) frequent empty RISINGS (253) (259)	.....	not after drinking, but after the slightest *food* (259)
After a rising HICCOUGH (254) for a quarter of an hour (255), violent (256)	....	without having eat any thing before (254).
Violent risings (257) with the taste of what has been eaten (258)	.....	after eating, *from morning till evening* (257).
Rising, with BURNING taste in mouth, and MUCUS in the throat (260).		
At each eructation a shooting pain (261).		
Burning, almost incessant, eructations, which make the mouth rough and hinder the taste for food (262).		
A BITTER, DRY TASTE, which remains so dry in the anterior part of the mouth, without thirst; the lips are dry and split (263)	.....	after *eating*.
Eructations, at the last BITTER (265, 266)	.....	after eating.
Bitterness comes into the mouth, with eructations, with VOMITURITION (267).		
SOURISH eructations (268, 271)	.....	after eating.
ACCUMULATION OF		

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SOURISH WATER IN THE MOUTH (268)		
Vomiturition (269, 274, 279, 283, 284,) without being able to vomit, and frequently empty eructations (269)	.....	in the morning after an anxious dream (269).
Nausea, (278, 272, 273, 283, 284,) with much flow of water from the mouth (272)	.....	in the evening before going to bed (270); especially *on smoking* (as usual) (273); early each morning after getting up (281).
Frequent VOMITING of YELLOW and GREEN MUCUS (275)	.....	*in the evening* (282).
He awakes with nausea; vomits BILE and FOOD (276)	.....	immediately after midnight (276).
Food comes by a sort of INTERNAL MOVEMENT, like a regurgitation, into the mouth (277).		
Regurgitation of the contents of the stomach almost without an effort (278).		
Vomiturition and NAUSEA (279, 283, 284)	.....	*after eating*, though he relished it (279); without having eat anything (283); in the morning (284).
Vomiting of solid food but not of drinks (280).		
HÆMATEMESIS, is obliged to lie down (285).		
Vomiting of a bitter damp and putrid liquid, the taste of which remains in the mouth (286)	.....	6 A.M. (286).

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Squeamish and sick (287)	.....	after *drink* (afternoon) (287).
VOMITING of MUCUS (288)	.....	in the evening.
CHOKING RISING of water and MUCUS, like water-brash; there was a rising up his chest—he was quite cold during the time in the body (289)	.....	in the evening.
Painful feeling, as of CONSTRICTION (290)	in the lower part of the œsophagus.	
A sort of belching of mucus (291)	from the stomach	in the morning (291).
(Cough (292); compare under larynx and windpipe.)	.....	*especially after eating* (292).
HEADACHE (293)	.....	quarter of an hour after *each meal*, gradually disappearing, but renewed by each meal (293).
Cutting, as with knives (295)	in the region of the epigastrium.	
Pressive ache (296)	in the epigastrium	on *walking* immediately after supper.
At last pressure till it is unbearable	on the bladder and perinœum.	it goes away on *sitting*.
Stomach-ache (297)	.....	both during and after eating.
Ache, making one ill-tempered (208, 299, 300); like a stone (298)	in the stomach	after *eating*, *while walking*.
Pinching (301)	in the epigastrium.	
Feeling of BEING SWOLLEN (302, 303)	in the epigastrium.	
Constrictive pain 309, 310)	of the stomach (309)	some *hours after eating* (309).
Cutting, with eructations, flushes of heat, nausea and vomiting, merely of the ingesta (310)	in and above the epigastrium.	

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Conclusions.

When we include with these the above given *mouth* symptoms and the *fever* symptoms, the forms of disease, here excellently portrayed, become easily fixed. We find, directly, 1) an affection of the *mucous membranes*, presenting itself as *inflammation* (compare the cutting) occasioned by acid in the stomach, and probably dependent on *venous* congestion here first conspicuous; (compare the morbid hunger, the cravings, eructations, aching, pinching, flushes of heat (310), aggravation by *eating, drinking, smoking, walking ;* particular mental states (298). This action on the *venous* system becomes still more manifest through 2) the morbid excitement of the *bilious* secretion, the bilious element, (bitter taste, eructation, yellowish-green vomiting, bilious vomiting). Probably these conditions (venous congestion) also occasion 3) the affection of the *ganglionic* nerves, which we see here sketched. How far 4) 5) the *liver* and *spleen*, and 6) *febrile* conditions here take a part, will only later be seen.

According to the insight into the Bryony action thus obtained, the following forms of disease here present themselves.

A.—Stomach affections (hyperæmiæ).

(1.) Congestions (of venous character) presenting themselves, as *cardialgia*, (with congestions to the head) especially of drunkards, (saliva symptoms, see above, vomiting, pains,) of *pregnancy* (longings 248, 249).

(2.) *Catarrh of the stomach*, commonly called *gastric* affections, as vomiting ; acids ; dyspepsia.

(3.) *Inflammation of the stomach*, rather the venous ; chronic (261, 262, 295, 309, 310).

Remark.—Trinks refers S. 290 *to contraction of the orifice of the stomach.*

B.—Bilious states.

Compare further on,
Abdomen—symptoms for *liver*—and *spleen*—affections.

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Fever—symptoms for *febrile catarrh* of the stomach; *mucous* fever; *bilious* fever.

Remark.—The gastric states, considered as sympathetic in other fevers, may also indicate Bryony.

Compare above,

The *head* symptoms for the gastric connection and vicê-versâ.

The symptoms of the internal parts of the *mouth* for dryness, thirst, coating of the tongue for the *gastric* and *febrile* character

C.—Inflammation or Cramp of the Diaphragm may be concluded on from S. 254—256. The Vienna proving gives this more plainly.

D.—Affection of the vagus. S. 292 is merely sympathetic.

Remark.—The pathologico-anatomical appearances in the Vienna provings refer specially to the venous and congestive states.

ABDOMEN.

Distension (294)	of the abdomen	*after each meal time.*
Heat (304)	in the abdomen and the whole body.	
Pressing ache and pinching (305)	in the lower bowels.	
Borborygmi, loud, for fourteen days (306), and rumbling (307)	in the abdomen	in the *evening* in bed.
Squeezing and pressing pain (308)	in the lower bowels and the region of the umbilicus	*on walking and standing.*
Hard swelling (311)	about the navel and below the hypochondria.	
Sudden ascites; no breath; must keep sitting (312).		
Excoriation (313)	in the overhanging folds of the abdomen near the groin.	

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Tensive pain (314)	in the region of the liver.	
Burning pain (315)	in the abdomen, in the region of the liver.	
PAIN, AS IF ABOUT TO VOMIT (316)	in the abdomen.	
Pain, like stitches in the spleen	on both sides of the abdomen.	
At first tearing and drawing	in the abdomen.	particularly on *movement.*
Then shoots (318)	.....	especially during *stool* and chiefly in the evening.
Violent cutting stitches (319)	from the abdomen upwards to the stomach	after *drinking* a warm cup of milk in the afternoon.
The pain compelled him TO BEND DOUBLE (319)	.....	and disappeared after stool.
Griping, with shoots (320)	about the navel.	
BELLY-ACHE, with anxiety and dyspnœa (321)	.....	relieved by walking.
Flatus does not pass without loud rumbling noise (322)	.....	in *the night.*
FLATULENT COLIC, (323) with pressure	in the region of the cœcum.	after *supper.*
Pain, as if he were PURGED, or as if the piles were about to come on (324)	in the abdomen.	
CRAMPISH pains (325)	in the abdomen.	
Pressure, as from a knob (329)	on the navel	on walking out.
As if a lump lay (330)	deep in the abdomen.	

Conclusions.

The proportionally small number of these symptoms nevertheless includes a number of forms of disease, since those of the *stomach* treated together with those of the *intestinal* canal, and the *stool*-symptoms that follow, with *those* of fever, must

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be counted with them. The idea included under the word "abdomen" is also a very comprehensive one. In agreement with the already explained Bryony character, we here give:

A.—Diseases of the intestinal canal.

(a.) Its *mucous* membrane.

Hyperæmia; *congestive* and *inflammatory* affections; (compare the *fever* symptoms, mucous and bilious fever; typhus).

(b.) Its *serous* and fibrous membranes, (compare the cerebral symptoms)..

Hyperæmia; *peritonitis serosa*, S. 304, 311, with disposition to *effusion*, (compare dropsy) consequently and especially in *peritonitis puerperalis*, (compare what follows under the relations of Bryony to childbed, and to the female sex.)

Abnormal *sanguification;* hydropic exudation, after acute states, as a sequela of scarlatina.

Rheumatism; *peritonitis muscularis*.

c. Neuralgia.

Enterodynia; colic (294, 305-308, 316, 321-323, 325, 329, 330). Compare chill, effect of flatulence, inflammation, (319, 320).

Remark.—In connection with the stomach and anus there are indications for ileus.

B.—Diseases of the liver and spleen.

Congestion, probably rather of the venous character, and inflammation in the second stage; sub-inflammatory states; affection of the *serous* envelope. The symptoms are not characteristic enough of the higher degrees of inflammation.
(The Vienna provings have more decided liver symptoms.)

Remark.—Many symptoms of the mouth and stomach become here comprehensible. Also those of the hepatic secretion, and the chemical constitution of the gastric juice. Also many symptoms of cardialgia, which often appear only as consequences of congestion to the liver and spleen.

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Compare further on.

Stool and *fever* symptoms for the affection of the *intestinal* canal = affection of *mucous* membrane.

Symptoms of the *extremities* for rheumatic nature = affections of the *fibrous* membranes. Above, compare *cerebral* symptoms for affection of the serous membranes; exudations, *mouth* and *stomach* symptoms for gastric and bilious character.

ANUS. (STOOL.)

RUMBLING in the ABDOMEN, BELLY-ACHE, and feeling of approaching diarrhœa (326, 327).		
Horrible cuttings in the abdomen, as if DYSENTERY was coming on, without any evacuation (328)	.....	in the forenoon.
Twisting and pinching, as if after a chill, and after the pain a LARGE SOFT STOOL (331)	in the abdomen and region of the navel.	
Very offensive frequent evacuations (332, 338) and cutting before-hand (332)	in the abdomen.	
DISTENSION OF THE ABDOMEN, working in the bowels, cutting, and then continual COSTIVENESS; he feels as if something lay in the bowels (333).		
Pain in the abdomen, as of constriction and contortion (334).		
It excites an evacuation (335).		
Stool twice a-day, after some days constipation (336).		

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Brown, frequent soft stool in a suckling (337).		
Stool of large diameter, PASSED WITH DIFFICULTY (339).		
DIARRHŒA (340, 341, 345, 347, 353, 355) preceded by griping (349).		
Looseness, without any other complaint (342); with burning (353)	....	in the *morning* in general (345), particularly at *night* (346, 353).
Diarrhœa, four days consecutively, every three hours, so urgent that he cannot help passing the stool; the twelve days following the usual stool almost as urgent, passed unexpectedly (343).		
Diarrhœa twice a-day, so debilitating as to keep him in bed (344).		
Diarrhœa, with a strong smell of putrid cheese (347).		
Soft BLOODY stools (348).		
After a hard stool long continued burning (350)	in the rectum.	
Very firm stool, with forcing out ..... which however soon reentered; after which diarrhœa with borborygmi (351)	of the rectum. in the abdomen.	
Large itching, jerking stitches (354)	from the anus upwards.	

Conclusions.

The actions pictured here are partly completions of what

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has passed before, partly open up new states, which, however, depend essentially on known relations.

1. The fits of colic, S. 326, 327, 331-334, 349, (cutting) - establish the relations of Bryony to the chill element, to the mucous and sero-fibrous membranes, (consequently *catarrh, rheumatism*) but stand in connection also with affection of the liver and the hepatic secretion.
2. *Dysentery* is obviously occasioned S. 228, 346—348, 353, by the *catarrhal hyperæmia* of the *mucous coat*, a special predilection for the intestinal portion of which we have recognised as proper to Bryony. The relationship of this affection with typhus and cholera, allows us to conclude on its activity in
3. Typhous diarrhœa
4. Cholera

} when the other fever symptoms indicate Bryony.

5. In several symptoms diarrhœa alternates with costiveness 336, 351, or constipation alone recurs, 338, 350, 352. In order to find out from this alternation the points for determination, we must interrogate clinical experience. This teaches us that Bryony acts especially in constipation. In agreement with this, the Vienna proving shows that constipation is the essential action of Bryony, and that diarrhœa occurs only after large doses. (This speaks strongly as to the meagreness of Hahnemann's proving). How this action consists with the general character of Bryony, it is difficult to say. However, bile seems to play the principal part, to which the colour of the diarrhœa, the connection of the Bryony obstruction with liver affections, (after sedentary mode of life, indulgence in alcoholic liquor, &c.,) may incline us. The *bilious* element in Bryony (compare also the yellow colour of the *skin*) has also here, consequently, its circle of action. The connection of obstruction with congestions to the head, and with hæmorrhoidal affections (354), may also give indications for the choice of Bryony.

If we now connect the above-named forms, here again in regard to the seat come out predominantly

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1. Affections of the *mucous membrane.*
2. Affection of the *liver,—bilious organs.*

As to the kind.

1. *Hyperæmia,* (of the *venous kind*) especially *catarrh.*
2. *Rheumatism.*
3. *Bilious* states; probably depending likewise on venosity.

Compare above, *mouth, stomach, abdomen* symptoms.

Remark.—The Vienna proving is here much more characteristic than the foregoing. The provings on animals, and the results of autopsy, prove particularly congestions, and the inflammatory condition of the gastrico-intestinal mucous membrane, of the liver, of the capillary and mesenteric veins. The spleen was small, the gall-bladder full. In the small and large intestines black spots and small ulcers.

URINARY SYSTEM.

Burning and cutting (356)	.....	before the urine comes.
The urine is HOT (357).		
Painful micturition (358); on making water feeling of CONSTRICTION in the urinary passages (359).		
He is obliged to get up frequently to make water (360, 361)	.....	at night.
URGENT DESIRE to make water so that he can hardly keep it, though the bladder is not full (362); after making water constriction of	the neck of the bladder.	
and he feels as if there was more to come (363)		
Urgent desire to make water, and when he cannot do it directly a feeling as if THE URINE WAS PASSING INVOLUN-		

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TARILY; on inspection there is none (364).		
Some drops of hot urine PASS INVOLUNTARILY (365)	.....	on movement.
After micturition, feeling as if he had not quite finished, and some drops pass involuntarily (366).		
URGENT DESIRE to micturate and frequent MICTURITION (367)	.....	on walking out.

THE GENITAL SYSTEM.

(A.)—*The Male.*

Itching, burning and shooting (368)	in the ant. part of the urethra	when not making water (368).
Burning (369), and aching (379)	in the urethra.	
Drawing and tearing (371)	in the ant. part of the urethra (371)	when not making water.
Some stiches (372)	in the testicles (372)	while sitting.
Shooting, burning, itching (373)	on the border of the prepuce.	
Several red itching MILIARY PIMPLES (374)	on the glans.	

(B.)—*The Female.*

SWELLING On which a hard black PUSTULE arises, like a small lump, without pain and without inflammation (375).	of the labia majora.	
Very distended abdomen, with general restlessness and pinching, AS ON THE APPROACH OF THE MENSES (376).		
THE MENSES COME TOO EARLY, 8 days (377); 14 days (378); 3 weeks (379).		

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The monthly period follows within a few hours, sometimes 8 days too early (380).

Increase of the LEUCORRHŒA (381).

Conclusions.

There are here very clearly expressed actions indicated, although the forms of disease in general can only be got at by further reflexion. On this account we have to distinguish carefully the different parts affected.

A.—AFFECTIONS OF THE KIDNIES, predominant in the strangury and the dysuria, in the form of hyperæmia, and of the commencement of *Bright's disease*. In consequence of this irritation of the kidnies, Bryony may be useful in *dropsy*, if the circumstances suit.

B.—AFFECTION OF THE BLADDER.

(a.) Of idiopathic character, as hyperæmia (*congestion* or *inflammation*) of the mucous membrane of the bladder: or,

(b.) Of sympathetic character, either (1) nervous, as irritation of the bladder in consequence of affection of the ganglions, spinal irritation (363); in colic, hysteric affections in pregnant or puerperal females: or,

(2.) In inflammatory states of the abdomen (peritonitis), or in *febrile* states, through the participation of the spinal marrow.

C.—FOR ORCHITIS, (affection of the glands,) S. 372 can answer; this is confirmed by experience. See gland symptoms.

D.—AFFECTION OF THE UTERUS: Bryony will prove itself as furthering the process of menstruation, S. 376—380; in metrorrhagia, especially when the *venous* character, abdominal congestion, head-aches, back-aches occur. Conversely headaches, tooth-aches, epistaxis, arising from *anomalies of menstruation*, are suitable for Bryony.

E.—OVARIAN AFFECTION, dependent on *phlebitis*, *phlegmasia alba dolens*, and this latter because it is explainable

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out of the *venous* element, are likewise suitable for our medicine.

Remark.—Leucorrhœa is indicated by S. 381 *only ; S.* 273—375, *belong to the exanthemata,—see Skin.*

Compare further on,—*back* symptoms, *fever* symptoms,—above, *head, teeth, nose, abdomen* symptoms.

MUCOUS MEMBRANE OF THE NOSE.

Violent SNEEZING (382, 383) and yawning (383)	....	*in the morning* (382, 383).
Frequent sneezing, especially when he strokes down his forehead with his hand (384).		
FLUENT CORYZA, (389, 391), for 8 days, (389), with much sneezing, (391).		
Violent fluent coryza, he speaks through the nose, with constant chilliness for 8 days (390).		
VIOLENT CORYZA, with pain in the FOREHEAD (392), without cough (393).		
Violent, but rather DRY coryza (394).		
Violent coryza with shooting headache, as IF ALL WOULD COME OUT AT THE FOREHEAD (393)	.....	especially on *stooping* (385).

Remark.—To these may be added S. 143.

Conclusions.

The action of Bryony on the *mucous* membrane, already so often recognised, together with its relation to the chill

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element is here manifestly confirmed by the *coryza* symptoms. As S. 392 and S. 395 show the head symptoms are especially indicative of the Bryony-coryza, and likewise the general character of the medicine as it makes itself manifest, in fever (S. 390), in *rheumatic* and *catarrhal* processes.

The states immediately following are frequently not to be distinguished from those laid down in this section.

LARYNX AND TRACHEA.

Some HOARSENESS, (385, 386, 388), only one tone of voice, with inclination to sweat (386)	.....	while walking out (385)
Voice rough and hoarse (387).		
VISCID MUCUS, detached by hawking (396)	in the fauces, in the trachea (40).	
DRY COUGH (397), as if from the stomach (398), preceded by itching and tickling (398)	at the epigastrium.	
Cough, from a continual tickling	in the throat	in the *forenoon*.
Afterwards expectoration of mucus (399).		
COUGH WITH EXPECTORATION (400, 401) at the same time (400)	.....	especially in the morning.
Continued dry cough with running of water out of the mouth like water-brash (402).		
Nausea, irritates him to cough (403).		
On coughing vomiting of food (404).		
On coughing a long continued shoot (405)	deep in the brain on the left side.	
Dry, short, hacking tussiculation, several	against the upper part of the windpipe.	

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spasmodic forcible shocks, which seems to be covered with dry hard mucus (406)	.....	excited by *tobacco* smoke.
Irritation to hawk (407), as if some mucus	were in the windpipe.	
After hawking for some time, a pain, compounded of excoriation and ache	in the trachea,	more violent on *speaking* and smoking.
A feeling which compels him to cough, as if from vapour	in the trachea,	on coming from the *open air into a warm room.*
He feels AS IF HE COULD NOT BREATHE AIR ENOUGH (408).		
Violent cough, with much EXPECTORATION OF MUCUS for a quarter of an hour (410)	.....	in the morning in bed.
Scraping painful tussiculation, as from ROUGHNESS and DRYNESS	at the top of the windpipe (412)	in *the evening* after lying down in bed (412).
He coughs up clotted pieces of BLOOD (414).		
He hacks and hawks YELLOW MUCUS out of the fauces (415)		
On coughing shoots (416)	inwardly in the throat.	

Conclusions.

We need after the previous explanations only a short classification here, in order to understand the action of Bryony on the parts under consideration. But several of the chest symptoms that follow, necessarily at the same time belong here in order to complete the picture.

I.—HYPERÆMIA OF THE MUCOUS MEMBRANE OF THE WINDPIPE and of the LARYNX.

(1.) Simple acute catarrh after a chill, or in connection with other states, see Skin Diseases.

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(2.) Febrile catarrh, influenza with the accompanying headache (405), nervous cerebral irritation, gastric affections (398, 402, 404,), pains in the back, &c., to which the general Bryony type is very suitable.

(3.) Acute and chronic bronchitis and laryngitis, especially the period of transition from one to the other, (hoarseness, dryness, viscidity, incipient looseness of the expectoration, excoriation, ache, scraping, shooting).

(4.) Chronic catarrh (dry, hacking tussiculation, tightness of the chest, excitability from tobacco smoke, speaking, changing the air,) of old people, with emphysema, bronchiectases, after hæmoptoic infiltration, after pneumonia (obstruction of the air cells).

(5.) Hæmoptysis (414) explainable from its action on the lungs and its venous relation, consequently in tuberculosis, but also in abdominal venosity, catamenial irregularities (compare menorrhagia, epistaxis).

II.—NEUROSES (of the larynx).

(1.) Spasmodic cough, nervous form (398, 399, 406, 408, 412).

(2.) Whooping cough with inflammatory irritation of the chest (see these symptoms).

(3.) Sympathetic affection of the vagus (cough with vomiting).

Compare further on, *chest, fever* and *skin* symptoms; above, *head, stomach, abdomen, genital* symptoms.

Remark.—The cough symptoms are more clear in Hahnemann's than in the Vienna provings.

CHEST.

(Organs of Respiration, the Mammæ, the Heart.)

On COUGHING, stitches (417)	in the short ribs.	
On COUGHING, a shoot	in the sternum.	
He must hold the chest with his hand; it shoots also (418)	....	on feeling the parts.
On coughing, SNEEZING twice (419).		

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On coughing, a heaving of the stomach to vomit, without nausea (420).		
On coughing, pain of soreness (421)	at the epigastrium.	
On coughing, it strikes through the whole head (422, 423), like an ache (423).		
Immediately after a fit of coughing frequent GASPING FOR AIR, quick SPASMODIC INSPIRATIONS, as if the child could not recover his breath, and therefore could not cough; a sort of FIT OF SUFFOCATION, whereupon cough follows (424).	.....	especially after midnight.
A pressing ache squeezing the chest (425)	at the pit of the stomach.	
An extraordinary HEAT SHORTENS the breath, with a sort of aching pain (426)	in the epigastric region (426).	
Burning pain (427)	in the right chest.	
The breathing is intercepted, (428), short, he must breathe quickly (429).		
Tightness of the chest (430).		
For twelve hours a fit of TIGHTNESS OF THE CHEST and shoots in the side (431).		
Tightness of the chest; desire to draw a full breath, as if obstructed in the chest and prevented from breathing; pain, as if		

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something was stretched which resisted extension (432)	.....	*on drawing a full breath.*
Anxiety in the morning, as if from the abdomen, as after a purgative, and as if the breath was too short (433).		
BREATHING QUICK, ANXIOUS, ALMOST IMPRACTICABLE, on account of shoots, then stitches in the vertex (434)	in the chest, first under the shoulder blades, then under the pectoral muscles,	which *prevent respiration, and oblige him to sit up.*
Pressive pain (435)	over the whole chest.	
Pressure as if with the hand (436)	on the upper part of the sternum,	she believes she cannot go *into the open air without pain.*
With the feet as cold as ice, a pressive pain (437)	in the middle of the sternum,	*on inspiration.*
As if it were obstructed with MUCUS, a pressive pain (438)	on the chest.	
and some shoots (438)	in the sternum (438)	on inspiration, which appears to lessen after *eating.*
With weight in the body, WEIGHT (439)	on the chest,	which disappears on eating.
Shoots every now and then (440)	in the side, on the ribs	*on drawing a full breath, disappearing in the open air.*
A shoot (441)	from the upper part of the chest through to the shoulder-blade,	on inspiration.
A tensive pain, increasing to a dull shoot (442)	at the posterior part of the ribs, especially under the shoulder-blades	on inspiration. on drawing a deeper breath, and chiefly on *stooping* forward.
Shooting, with anxiety (443)	in the chest,	*in the evening.*

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A momentary shoot to which succeeded simple pain (444)	in the left collar-bone.	
On the side of the chest, on which he did not lie, a stitch (445)	.....	*on turning in bed.*
Shooting and throbbing, like a pulse (446)	in the lower part of the right side of the chest.	
A shooting pressure from within outwards (447)	in the chest.	
A shoot, as in an ulcer (448)	on a small spot under the sternum, which pains like an ulcer,	on the *slightest inspiration*, as long as it lasts, even *under the touch*, but still more on *raising the right arm; in the morning* (448).
PAIN, AS AT AN ECCHYMOSED PART (449)	at the ensiform cartilage,	under the touch, in the evening.
Pain, with oppression, disappearing on discharging flatus	over the whole chest,	in the evening (9 o'clock) (450).
An attack, as if the disease had come to a height and TOOK AWAY THE BREATH AND SPEECH (451).		
A pain, as of being squeezed together (452)	of the chest near the sternum.	
A squeezing chest-pain (453)	exactly ever the epigastrium,	at its worst *when sitting on a chair* and *stooping*, and *while lying on the side.*
INWARD HEAT IN THE CHEST (455, 456), and in the face (456); sensation AS IF ALL WERE LOOSE IN THE CHEST and fell downwards into the abdomen (457).		
A squeezing pressure (458)	behind the sternum,	more violent on inspiration and expiration.
Considerable SWELLING (459)	of the external chest in front.	

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Some gentle, as if electric, shocks, for two and a half hours, after which every trace of INDURATION disappeared (460)	in an indurated nipple.	
Acutely shooting pain (461)	below the right nipple, towards the outside, in the inside of the chest,	on expiration only.
A stretching (462)	from the short ribs diffusively.	
Tension (463)	in the chest,	on walking.
PALPITATION of the heart several days together (454).		

Conclusions.

This inspection into the relations of our medicine to the organs of the chest is very instructive as to a perception of them generally, for we here find confirmations and explanations, partly for the anatomical relations (relations to the *serous* and *mucous* membranes, the *muscles*, the *glands*), partly for the pathological states, especially for the actions on the *circulation*, the *sanguification* (decomposition, effusion), *rheumatic* character, *venosity*. Inflammatory tendency is predominant, as the tightness of the chest, the oppression, the cough, the heat in the chest, the nature of the cough (as above), the peculiar kinds of pain; *shooting* (fifteen times), *pressing ache* (eight times), *burning* (once), *tension* (twice), *shooting pressure* (once), *squeezing* (thrice), pain as from ulceration (twice), pain of soreness (twice), and the fever symptoms which follow, prove—

A.—ORGANS OF RESPIRATION.

That not only the external parts, but also the internal of the cavity of the chest are affected, especially the *intercostal muscles*, the *pleuræ*, the *lungs*, we learn from the increase of the pains, &c., on *breathing*, especially on a *deep breath*, on *movement*, or going into

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the *open* air, on lying on *the side*, under the *touch*, and from the *evening* exacerbation.

If we now collect these signs in their clinical significance, keeping the general character of Bryony always in view, we have here,—

I.—Rheumatism, the so-called apyrectic stitch in the side (pleurodyne), (S. 417, 418, 434, 440, 441).

II.—Hyperæmia, *inflammations* of the respiratory organs from chill; principally from *rheumatic* causes, connected with venosity (often with congestion to the head, (422, 423, 434, 450,) and with gastric complications). From the fever symptoms we have yet to learn that especially the nervous (typhous) states of these inflammations, occasioned by *decomposition* of the blood, infiltration, indicate Bryony.

As to the seat, we have here,—

(1.) Muscular and serous pleurisy (as in peritonitis).

Compare the *shooting*, which is especially peculiar to the *serous* membranes, the implication of the region of the ribs, and the S. 417, 418, 431, 434, 438, 440—443, 445, 448. From these we conclude back again on the affections of the peritonœum and cerebral meninges.

(2.) *Pneumonia*, and in particular the *venous*, *rheumatic*, *gastric*, *bilious*, *typhus*, and the complication with *pleurisy*.

Compare the peculiar pains and cough symptoms, tightness of the chest, short breathing, pressure, influence of deep breathing, hæmoptoe. The affection of the parenchyma proceeds partly from the *mucous* membrane, partly from the action on the *capillary circulation*.

Since Bryony is more suitable for irritable states, in consequence of its venous nature and the *sanguification* exercises also a special influence, it is evident that it is proper rather for the second stage, for *hepatisation*, and in its relation to

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the *serous* membranes for the formation of *exudations* (effusions). Compare, therefore, the pressure, oppression, the peculiar tightness of the chest, the undefined dull feeling and the sort of cough (as above); further, S. 432, 442, 447. From these we conclude again upon the plastic processes in the brain and the abdomen.

III.—Abnormal sanguification.

(1.) *Serous effusion* in the cavity of the chest, *hydrothorax* in consequence of pleurisy. (Compare many symptoms of tightness in breathing, pressure, especially S. 432, 433, 439, 442, 457, 463.)

(2.) As a *consequence of organic changes*, — Asthma occasioned by tuberculosis. (Compare the symptom of obstruction of the air cells—cough,) in connection with *hydrothorax* or *hæmoptoic* infiltration, as a consequence of *inflammations* (exudations) on the pleura, in the pulmonary tissue, *heart affections with venous disturbance of the circulation* (452, 455—457), probably also in compression of the cavity of the chest by *ascites* (433, 450, 451).

IV.—Neuroses.

S. 454 contains a confirmation of the above given whooping cough action.

Remark.—Many symptoms in this section complete the catarrhal states given above—also influenza, hæmoptysis.

B.—Mammary glands.

The relations of Bryony to the glands and to the female sex evince themselves in the form of mastitis. The phenomena in the nerves, muscles, and integuments, the back and head pains point this way. Consequently when not nursing, as well as when similar affections occur as a consequence of suckling, or on weaning.

C.—The Heart.

The symptoms of the organs of *respiration* must be included in order to complete the very defective indications

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of heart disease given here. The symptoms are hardly important enough either for *organic* affections, or *inflammations* of the heart; yet we may conclude upon *venous congestions* in the cardiac circulation, and on *exudation* in the pericardium, partly through the secondary action on the pulmonary circulation, partly through comparisons with cognate states.

Compare further on, *fever* and *limb* symptoms; above, *larynx, trachea, head, stomach, abdomen* symptoms.

BACK.

Painful STIFFNESS OF THE MUSCLES (464)	on the right side of the nape of the neck to the axilla,	on *moving the head.*
PAIN and WEAKNESS, as if the head were too weak (465)	on the nape of the neck where it joins the occiput.	
PAIN, AS IF AFTER A CHILL (466)	in the nape of the neck.	
Pressing pain (467)	between each scapulæ, and across to the front of the chest,	*while sitting, disappearing on walking.*
Burning (468)	under and between the scapulæ.	
Painful pressure	on the right acromion,	more violent on *touch.*
A dull shooting (469)	towards the posterior and external parts, extending to the shoulder joint,	*on a deep inspiration.*
A CRAMPISH PAIN, almost like a shudder (470)	between the shoulder blades.	
Shooting (471)	in the lumbar vertebræ.	
Shooting pain for six hours (472)	in the loins and back,	*at night.*
Pain (473)	in the loins,	*which very much impedes walking.*
Burning (474)	in the back.	
A contractive pain, almost like a cramp, as if he were bound together with bands (475)	across the whole back,	in the afternoon, from 4 — 8 o'clock in the evening.

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Drawing (476)	down the back,	on sitting, going away on movement.
A painfully shooting plucking (477)	near the spine, on both sides,	while sitting, especially *morning* and *evening* (477).
Pain of bruize (478)	in the sacrum,	while *sitting*, worst when *lying*, slight when moving.
Tearing (479)	in the back and lumbar vertebræ,	more in standing than in sitting, but not in lying; it *prevents bending and stooping*.
Two great shoots, as from a knife (480)	in the hip.	
A tickling, creeping, as of a mouse (481)	from the axilla to the hip.	

Conclusions.

With the intermixture of the different seats of the affections, that of the latter proceeds hand in hand. We distinguish therefore,—

I.—Hyperæmia (A) of the *vessels of the spine.*

(1.) *Venous congestion* as a concomitant of *catamenial* and *hæmorrhoidal* affections, from a sedentary mode of life, with obstructions (compare stool). As evidences of this, pressure, burning, shooting, shooting jerks: the seat,—the *skin, muscles, vertebræ.* Aggravation by *touch*, and *in the evening.*

II.—Neuroses (B) of the spinal marrow, probably depending also on congestion, or at least in connection with I. This gives us,—

(1.) Spinal irritation (hysteria) and its consequences.

(2.) A portion of fever symptoms (intermittent and nervous fever).

For this nervous nature speak S. 465, 467, 470, 475—478, 481, (weakness, pressure, cramp, spasms, drawing, jerking, pain of bruise, tickling, creeping). *Amelioration by movement.*

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III.—RHEUMATISM (C) OF THE MUSCLES, TENDONS, LIGAMENTS, VERTEBRÆ. (Compare the symptoms of *fever*, and those of the *extremities*.) Here, the extension of the pain, which appears as stiffness, either drawing or tearing, as after a chill (466) becomes manifest, and *does not bear movement well.*

Remark.—The back pains are often only secondary and sympathetic, being connected with the abdomen and chest troubles, tearing in the extremities, (thus S. 469, with pleuritis muscularis.) They frequently, however, occasion as primary, (spinal irritation) other states, as bladder affections, colic, crampish pains of pregnancy.

Compare further on. Symptoms of *extremities* and *of fever.*

Above: *abdomen, stool, genital* and *chest* symptoms.

EXTREMITIES.

(Upper and Lower.)

A dull shoot (482)	above the axilla down to the arm.	
SWEAT (488)	in the axilla.	
A sort of shoot (483)	in the upper arm,	especially on *lifting* it.
A quivering and jerking (484)	in the deltoid muscle.	
Drawing, as of a thread (485)	through the arm bones down to the finger points.	
Pressing pain (486)	on the bones of both upper arms,	which prevents sleep in the *evening*.
NERVOUS tearing (487)	down the inside of the arm.	
Pain, as of sprain (489)	in the region of the acromion,	on *lifting up* the arm.
Shoots (491)	in the right elbow joint.	
SWELLING (490, 492)	of the right upper arm to the elbow (490); on the elbow joint and a little above and below to the middle of the upper and fore arm, as well as on the under part of the foot (492).	

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Tearing pain (493)	on the inner surface of the fore arm from the elbow in a line to the wrist.	
Red MILIARY ERUPTION (494)	on the upper side of the fore arm.	
Violent shooting and creeping (495)	in the left arm.	
Shooting	in the point of the elbow.	
With drawing (496)	in the tendons down to the hand,	on *bending the elbow* the shoots are worse.
Creeping, as if numb (497)	in the hand.	
Shooting pains, with WEIGHT (498)	in the wrist.	
HE CANNOT GRASP FIRMLY	with the hands (499).	
TREMBLING AND DISTENDED VESSELS (500)	of the hands.	
Pain, as if SPRAINED or DISLOCATED (501)	in the wrist,	on each *movement*.
Fine shoots (502)	in the root of the hand,	when the *hand is warm* and at rest, it also does not go away on movement.
An INFLAMMATION with burning pain (503)	of the back of the hand (about midnight).	
Feeling of HEAT, after some hours feeling of COLD (504)	in the palm of the hand and the fore arm,	she must put it out of bed in the morning.
STIFFNESS and feeling of NUMBNESS (505)	in the palm of the hand.	
Tearing for a short time, recurring at intervals (506)	in the joint between the metacarpus and the fingers, or in the last finger joint.	
Involuntary twitching (507)	of the fingers of both hands,	on *moving*.
Shooting pains (508)	in the fingers,	on writing.
NUMBNESS (509)	of the fingers of both hands up to the root of the hand.	
PARALYTIC FEELING (510)	in the fingers.	

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Pain, as of shooting and cramp (511)	in the ball of the thumb.	
Hot, pale SWELLING, with shooting pain (512)	of the last joint of the little finger,	on moving the finger and *making pressure on it.*
A pimple, which causes a fine shoot (513)	between the right thumb and index finger,	on each *touch.*
Pain, as if PUS WERE IN IT (514)	at the root of the little finger.	
Pain, as of bruise (515, 517)	of the loins and the thigh,	on lying on it.
A pain every now and then, like a cramp (516)	in the loins.	while *sitting* and *lying.*
Pain, as shocks or blows (518)	in the hip joint,	whilst lying or sitting, better on walking.
Shooting pain (519)	from the hip joint to the knee,	on walking *bent forward.*
Frightful shooting pain, with throbbing (520)	in the trochanter therein,	on *a false step* during rest; on *touch the place feels sore.*
UNSTEADINESS (521) and TOTTERING (521, 526)	in the thigh and leg.	*on walking up or down stairs* (526).
Dull shooting pain (522)	in the hips.	
Itching (523)	on the hips and thigh.	
Tearing pains (525)	in the right thigh,	on movement.
Great WEAKNESS 525, 527, 533)	in the thigh and feet,	can hardly *go up* stairs (525, 533), less on going down stairs (525), to be felt even when sitting (527).
Drawing, AS IF THE MENSES WERE COMING ON (528)	in the thighs.	
Stiffness, like cramp (529A*)	of the thigh,	in the morning in bed.
A shoot (529B)	in the upper and anterior portion of the thigh.	

* Hahnemann has miscounted here.

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Pain, as of a bruise, and beating, as a hammer (530)	in the middle of the thigh,	*while sitting*,
Cramp (531)	in the knee and the sole,	while sitting and night *on lying*.
Pain, as of fracture (532)	in the patella,	on *going down stairs*.
Tense painful STIFFNESS (534)	in the knee.	
A painful and shooting PUSTULE (535)	under the knee,	merely *on touch*.
Tearing and burning (536)	in the right knee.	
Pain, as of having been beat (537)	in the patella.	
SWEAT and itching, as when an ulcer is healing (538)	in the ham,	at *night*.
Fine, passing stitches (539, 540)	in the knees (539); in the knee joint (540),	on *walking* (539), merely on *movement* (540).
DRY RASH, which itches, looks red, and smarts after scratching (541)	on and in the ham,	in the *evening*.
Weakness (542, 543)	especially in the knee joint.	
TOTTERING and KNOCKING (544)	of the knees,	in *walking*.
So weak are the that they hardly support him (545)	legs,	*on beginning to walk*, and merely on *standing*.
Sudden SWELLING (546, 554)	of both legs (546, 554),	
without redness (548)	of the under half, with the exception of the feet (549).	
Pain, as of bruise	on the outer side of the left calf,	on *moving*, *turning*, or *feeling* the foot.
And NUMB-FEELING (547)	at the same spot,	during rest.
With SWEAT afterwards (549), violent drawing pain (549, 550)	in the leg, especially the calf; in the bones of the legs (550).	
RASH exuding moisture (551)	on the legs.	

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Tearing plucking pain (552)	in the upper half of the tibia.	
Jerking, as if electric (553)	in the leg,	*at night;* in the day like an electric stroke.
Cramp, constriction, tension (555, 557)	in the left calf,	in the morning (553). at night, going away on movement (557)
Cramp (556)	in the feet, instep, heel,	at night outside bed.
Shoot-like tearing (558)	from the feet to the ham,	at rest less *than on movement.*
Ache (559)	on the inner border of the left sole.	
Tearing (560)	in the right instep,	the first night.
Hot SWELLING (561, 562), with pain of bruise (562)	of the foot (551), and of the instep (562),	when the foot is *stretched out.*
With tension	of the foot,	on resting on it.
And as if an abscess was there	.....	on being felt.
White PUSTULES, painful as an ulcer (563)	on the sole, which becomes red,	he can hardly walk for pain.
With heaviness of the arms, and swelling of the feet; tearing (564)	in the shin bone.	
As if tense and swollen are (565)	the feet,	in the *evening.*
Tension (566, 567)	in the ankle joint (566), on the instep (567),	on *moving* (566), also on sitting (567).
As of a hook in the heels	.....	*two nights*, after lying down.
Dull stitches in quick succession (568)	in the heels.	
Pricks, like needles (569)	in both heels,	in the morning, going away after getting up.
Pain, as from a sprain (570)	in the feet.	
Shooting (571, 572)	in the feet (571), in the soles (572),	which prevents stepping on it.
With tension (572)	in the ankle joint,	both prevent lying down.
Single shoots (573, 574, 575), like stabs with a knife (575)	in the toes (573), in the hollow part (574), the soles (574, 575),	on *stepping out* (574).

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Pain, as if torpid, and like tension (576)	in the depth of the sole.	
Feeling of weight; numbness, as if swollen (577)	in the under part of the foot.	
Shooting and pressing pain, with pain as if frozen (578)	in the ball of the great toe.	
A hitherto painless corn aches and pains (579), as if sore with burning and shooting (580, 583)	.....	worse on walking, but also during rest (579), on the slightest touch (580, 583), even in bed (580), *the pain* ceases on strong *pressure* (583).
Shooting pain (581)	in the balls of the right toes,	more on sitting, less on walking.
A shooting, with strong feeling of heat (582)	in the balls of the toes of both feet,	towards evening.
Pain, as of bruise (584, 585)	on the ball of the left toe.	
Pain, as if bruised—	the arms and legs (585), every part of the body (586), all the limbs (588),	even in lying, while sitting, worse than when walking; he must continually change his
or as if ulcerated underneath (586)	especially in the epigastrium,	position (585), on *grasping* any thing (586).
Pain, as if the flesh were loose (587)	over the whole body.	
A painless drawing to and fro (589)	in the affected parts.	
An anxious, pressive drawing pain, as on the approach of an intermittent fever (590)	in the periosteum of all the bones,	in the forenoon.
Pressing pain (591)	over the whole body, especially on the chest.	
Violent drawing (592)	through all the limbs.	
It is intolerable to him to keep the affected part still (593).		
Visible jerking (594)	in the arms and legs,	during the day while sitting.
When the pain subsides, coldness of the		

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face and trembling (595).		
Like needles running into one (597); shoots (596, 597)	in the affected parts.	
Suddenly a shooting itching burning, as if stung with nettles (598)	over the whole body,	on a slight emotional excitement (laughing).
Nothing to be seen on the skin; this burning (598)	.....	came on the mere thought, or on being heated.
Continual burning, itching, stinging (599)	over different parts of the body,	evening, after lying down in bed.
Frightful shoots (600, 601, 602)	in the joints (600), in the affected parts (601),	on *movement*, on *touch*, (600), *pressure* (602).
Painful throbbing (603)	in the vessels over the whole body.	

Conclusions.

Besides some undefined statements (as thigh, back of foot, &c.,) we find, however, also very definite indications to affections of the *muscles, ligaments, tendons, periosteum,* particularly also of the *joints* (membranes ligaments), as well as of the *skin* and *cellular* membrane.

The relation to the fibrous parts is predominant, which we shall turn to account in the employment of the clinical forms.

A.—*Independent Diseases.*

The already often indicated rheumatic nature of the Bryony affection very prominently comes out, either with or without fever, as,—

I.—Acute and Chronic rheumatism are clearly expressed in S. 485—487, 490, 492, 493, 498, 506, 509, 510, 516, 518, 524, 530—32, 534, 536, 546—50, 552, 554, 556—60, 564, 566, 567, 570, 571—76, 585, 587—90, 593, 596, 599, and manifest the relations of Bryony to the chill element. (Compare also the pains, drawing, jerking, tearing, cramp, creeping, shocks and blows, pain as of bruise, as if the flesh were beat loose, as

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well as the aggravation by movement, touch, at evening and night). The especial forms are here,—

(1.) *Muscular rheumatism, articular rheumatism* (with gastric complication, with pericarditis, endocarditis).
(2.) Lumbago rheumatica (S. 519).
(3.) Ischias.

From these rheumatic phenomena we conclude back again on the head pains, the prosopalgias, the tooth-ache, the colic, the nature of the pleurisy, &c.

II.—Gout, which is to be concluded from the inflammatory nature of the Bryony affection, the *chill* elements, the affected parts, especially the relation to *venosity*, the complication with fever and gastric states. The action on the sanguification explains also the tendency to *exudation*.

With this view compare S. 482, 483, 491, 495, 496, 498, 499, 502, 503, 505, 506, 508—12, 514, 519, 522, 524, 529 B, 532, 534—40, 542, 543, 550, 552, 558, 561—76, 578, 581, 582, 584, 590, 593, 595, 596, 599, 600—602.

The forms are,—

(1.) Arthritis acuta, with disposition to effusion, to deposition, swelling, especially that of the *great toe*.
(2.) Arthritis (articulorum) with lymphatic effusions into the capsules, inflammation of the periosteum, of the cellular membrane.

III-—Hyperæmia. (Compare the pain of sprain, of ulceration, the ache, the pressing pain, burning, tension, especially shooting, (thirty-one times), aggravation by *movement, touch,* at evening and at night.) According to the parts affected, besides the gouty element, external agencies, such as sprains, strains are especially here the causes of mischief.

We have here,—

(1.) Inflammation of the muscular fibre (psoitis S. 524, 529). 1. stage.

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(2.) Inflammation of the joints, 1. stage of coxalgia (520, 522), after sprains, violent movements.
(3.) Inflammations (of the skin and the cellular membrane) from pressure, cold, &c., (578).
(4.) Phlebitis, in the form of Phlegmasia alba dolens, during the puerperal state (529, 530).

B.—Next to these independent forms the symptomatic states now occur, which however likewise lie in the character of the medicine.

(1.) Congestive phenomena dependent on congestive states of the spinal marrow, connected with spinal irritation, partly in neurosis (S. 484, 495, 497, 500, 507, 509, 510, 515, 517, 521, 523, 526, 528, 529a, 530, 531, 553, 555—557, 569, 577, 587, 588, 594, 598, 603), partly in fevers (S. 504, 507, 509, 510, 515, 517, 525, 526, 527, 533, 537, 542, 545, 585, 586, 588, 590, 591, 592, 594, 603).
(2.) Symptoms of the sanguification. *(a.)* As the secretion of the lymphatic fluid (œdema), (S. 490, 492, 546, 554, 558, 565, 577), especially in acute anasarca after scarlatina. *(b.)* As exanthemata (494, 513, 523, 541, 551).
(3.) Venous phenomena, dependent on abdominal anomalies, as hæmorrhoidal states, and menstrual affections.

Compare further on. *Febrile states, skin.* Above: head, face, toothaches, abdomen, chest and back symptoms, &c., for the *rheumatic* and *hyperæmic* character.

Abdomen and back symptoms for the *venous* character.

Stomach and intestinal canal for the gastric complications.

Affections of the serous and fibrous tissues for the *exudations*.

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Scabious eruption (604)	merely on the joints, at the inner part of the wrist, in the elbow joint, also outwardly on the olecranon prominence, in the knee, more than in the ham.	
Miliary rash becoming red, itching, and burning (605)	on the arms, on the anterior part of the chest, and over the knees,	before she lies down; it goes off in bed.
Pimples, which burn and itch,	on the abdomen and hips.	
On scratching, pain, as of excoriation (606)		
Yellowness (607)	of the skin of the whole body, and particularly of the face.	
Both in mother and infant, and first in the latter, a red, elevated miliary rash (608)	over the whole body.	
Eruption, which is painfully burning and smarting (609)	on the abdomen and on the back, even to the neck and the forearm,	*before midnight* and in the morning (painful).
Eruption so violently itching, that he is ready to scratch himself to pieces (610)	over the whole body, especially on the back up to the neck.	
Titillation and itching,	on the legs, about the knee, and on the thighs,	*in the evening*.
After scratching and rubbing, SMALL, RED, ELEVATED PIMPLES, which burn; when the pimples are fully out all itching ceases (611).		
Tearing itching and routing itching burning shoots (612)	on different places of the soft parts of the body,	just before going to sleep in the day or evening.
With MILIARY PIMPLES a tickling itching (613)	on the arms, hands, and feet,	(in the day).

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RED, ROUND SPOTS, not DISAPPEARING ON PRESSURE, LIKE LENTILS, without sensation and large (614)	in the skin of the arms.	
RED, SMALL SPOTS, on PRESSURE GOING AWAY FOR A MOMENT, pain like nettle-stings (615)	in the skin of the arms and feet.	
A sore, painless place, begins to burn violently (616).		
Tearing pain in the ULCERS (617).		
The ichor from the ulcers colours the linen black (618).		
Smarting pain (620)	in the neighbourhood of the crusts (of the ulcers).	in the morning after getting up, increased on standing, less on sitting, going off during moderate movement.
The ulcer feels cold and is painful, as if it had come in contact with very cold air (619).		
Throbbing almost like stitches (621)	near the scab,	after dinner.

Conclusions.

The exanthematic forms depend on the action of Bryony on the sanguification. Cutaneous eruptions are indeed frequently only products of decomposition and reflexes of more deeply-seated actions on the mass of the blood.

The states which belong to this section are as follows:—

1.—Miliaria, with its special affinity to the *rheumatic* process, to the *serous* and *fibrous* membranes, as an accompaniment of *acute gout*, of *rheumatic fever*, of *pleurisy*, and *puerperal peritonitis*.

2.—*Purpura hæmorrhagica* in its connection with the

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venosity and affections of the *intestino-gastric* mucous membrane.

3.—*Erysipelas*, especially the *pseudo-erysipelas* in inflammation of the joints, &c.

4.—*Urticaria* from rheumatic causes.

5.—*Measles.*

6.—*Scarlatina.*

7.—*Variola.* In the three last forms more on account of the fever-symptoms, the cerebral appearances, the affections of the gastric mucous membrane, of the bronchia, of the lungs, &c.

8.—*Jaundice* as a consequence of bilious conditions, venosity, hepatic affections.

Compare further on. Fever-symptoms. Above: almost all the other sections, external as well as internal.

STATE OF THE STRENGTH.

He does not like the open air, though he used to do so (622).		
Very ANXIOUS when in doors (623)	.....	better in the open air.
General WEAKNESS (624, 625) (636, 637, 640) or	in the extremities (625)	in sitting, less when walking (637), which compels him to sit down (625), on lying down he appears better (638), on waking out of sleep (640).
WEAK, INDOLENT, PROSTRATE and SLEEPY (626)		
Aching (627)	of the arms and feet (627)	while working the arms sink; on going up stairs can hardly get on.
Want of stability, as if the muscles had lost their strength (628)	in all parts of the body,	on walking, especially on getting up from one's seat, and on the commencement of walking; after a while it gets better.
Is weakest (629)	.....	in the open air.
Faintish and squeam-	.....	this disappeared in a

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ish, the legs are weak, weak in the head so that he thinks he must fall; he pants, and there comes a warmth into the chest, which ascends to the head (630)		room, but returned in the open air.
So tired, she must sit or lie down (631)	.....	as she comes into the house from the open air.
THE STRENGTH IS CLEAN GONE (632)	.....	on the slightest exertion.
WEIGHT AND WEARINESS in all the limbs (633, 634)	especially in the feet,	she can hardly move them.
Immense heaviness	of feet,	when he rises up after a meal.
He cannot get out of bed, and must remain lying down (639)	.....	in the morning.

Conclusions.

These actions are evidently only secondary indications in consequence of their symptomatic character. They are nearly all referable to affections of the spinal marrow, and occurs as such either in the form of neuroses or of fevers, especially where these latter bear the nervous character. But as precursors and concomitants of others, especially acute diseases, as of inflammations in the chest and the abdomen, of rheumatism, of gout, and of gastric complaints they may have a voice, though not a casting one, in the choice of the medicine. In such case, however, must they be treated in connection with other characteristics, especially those of fever, to which we consequently refer the reader.

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SLEEP AND THE STATES CONNECTED WITH IT.

Soon after waking from his noonday sleep he is worse, all his morbid symptoms are aggravated, his feelings are perturbed (641).		
One night he sleeps sound till morning, and is SLEEPY the whole day after; the next night RESTLESS; the next day brisk (642).		
Fainting fits, with cold sweat and rumbling in the abdomen (643)	.....	on getting up out of bed.
Very inclined to yawn, FREQUENT YAWNING (644, 645) constant, with much thirst (646)	.....	the whole day (644), before dinner (646).
Stretching of the limbs (647)	.....	(in the afternoon) (647).
SLEEPINESS (648, 649, 650, 653); on waking all the limbs go to sleep (652)	.....	immediately after eating (648), also in the day (649), the whole day (651), when he is alone (653).
TIRED AND YET CANNOT SLEEP; when he is about to go to sleep he loses his breath (654).		
Tossing at night with hands and feet till one in the morning, as if anxious; he lies WITHOUT CONSCIOUSNESS, with cold sweat in the forehead, groans, and then weakness (655).		
Cannot lie in bed;		

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any part he lies on feels sore (656).		
RESTLESSNESS IN THE BLOOD, goes to sleep late and not soundly (657).		
Tossing about, cannot go to sleep (658, 664, 668) for ANXIOUS HEAT, and yet none is felt externally (658, 664), in the morning sleepiness (664).		
Sleeplessness from restlessness in the blood and anguish (659, 661, 663, 667), THE THOUGHTS CROWD ON ONE ANOTHER, without heat, sweat, or thirst (659)	.....	he must rise (659); in the night (661); before midnight, (667).
FEELING OF HEAT AND EXTERNAL HEAT, all over, without thirst, he lies on one side after another; on being uncovered immediately violent colic, pinching shooting, or shooting pinching, as if caused by flatulence spasmodically pressed here and there; sleeplessness from a number of ideas that crowd upon him (660)	.....	in the evening immediately on lying down, all night; it goes away in the morning without passing flatus.
Cannot sleep for heat (662, 663); bed clothes too hot, on being uncovered too cool; without thirst, almost without sweat (662)	.....	several nights.
Goes to sleep for the first time at 4 A.M. and		

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dreams then of dead persons (665).		
Cannot go to sleep on account of A FREQUENT SHUDDERING FEELING OVER A FOOT OR AN ARM, then some sweat (668)	.....	before midnight.
After a short sleep, waking, there's a twisting about in the epigastrium, and a sickness as if to suffocate (669)	.....	she must get up; in the evening.
WIMPERING in sleep (670)	.....	about 3 A.M.
Before going to sleep and while going to sleep JUMPING UP IN A FRIGHT (671, 672) so as to wake (673) out of a dream, and cries out (674)	.....	every evening (672).
Awakes at night every hour and remembers a dream he has had; on going to sleep again remembers another dream as lively and as capable of being recalled on waking (675, 676).		
Very restless night; ANXIOUS DREAMS (677, 678), she cries out loud (677)	.....	about 3 A.M.
He dreams while awake that some one wants to break the windows (679).		
RESTLESS SLEEP with CONFUSED DREAMS, tosses from one side to another (680).		
Restless sleep, full of thoughts (680).		

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SOMNAMBULISTIC STATE (682), rises up in his dreams, goes to the door as if he would go out (687).		
INVOLUNTARY STOOL in SLEEP (683).		
Dreams full of DISPUTE and VEXATIOUS THINGS (684).		
Vivid dreams ABOUT ATTENDING TO HIS DAY'S BUSINESS in an anxious and exactly correct manner,	....	the whole night.
He busies himself in his dreams about his household affairs (686).		
He makes a movement with his mouth in his sleep as if he chewed (688).		
On waking from sleep he is DELIRIOUS (689); nightly delirium (690).		
DELIRIOUS TALKING about business he has to attend to, going off on the accession of pain (691)	.....	in the morning at daybreak.
The body being hot and covered with sweat (without thirst), a FRIGHTFUL IMAGINATION that soldiers are cutting him down so that he would escape from them, going off on uncovering himself and becoming cool (692)	.....	before midnight (about 2 A.M.).
Drew her mouth to and fro, opened her eyes and distorted them, talked in delirium as if she had been		

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wide awake; she spoke distinctly, but hastily, as if there were other people about her besides those present, cast open and free glances around, spoke as with children who were not present, and wanted to go home (693)	.....	towards evening.
EARLY WAKING (694) He only sleeps before midnight, not afterwards; great weariness in the legs when lying (695)	.....	at night.
	.....	which is increased on standing, but soon goes off.
UNREFRESHING sleep, tired in the morning on waking (696)	.....	the lassitude disappears when rising and dressing himself.
SLEEP THE WHOLE DAY with much dry heat, without eating and drinking, with twitches in the face, involuntary evacuation (six times) of brown and very fœtid stool (697).		

Conclusions.

The sleep-symptoms have only a subordinate value in a physiological and semeiotic point of view, and can therefore only be useful in the selection of a remedy when compared with other states, of which they form component parts. Such sleep-states occur—

I.—IN HYPERÆMIA, where they are occasioned chiefly by an *exaltation* of the venosity, and specially in—

(1.) *Hyperæmia of the brain* (inflammation of the sub-

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stance and of the membranes; ebriosity; compare the peculiar delirium S. 685, 686.).

(2.) In febrile hyperæmia of the spinal marrow, which extends itself to the brain, as is the case in inflammatory fever, rheumatic, gastric, exanthematic fever, and intermittents.

(3.) In perturbations of the circulation in the heart and the lungs through congestion and inflammation.

(4.) *In inflammations of other organs.*

II.—In Abnormal Sanguification, by which decomposition is introduced, and the activity of the brain is disturbed, as in *typhus*. The various deliria, their kind (S. 689, 690, 692, 693) point manifestly to a form of irritability which is proper to typhus, which especially occurs in the fist stage. In this transition stage Bryony will likewise find a place, as in the stage of inflammation, when the decomposition, the effusion begins.

III.—In Neuroses.

(1.) Many *sensitive affections of the cerebral nerves*, as we have learnt above to recognize them, produce as consequences the peculiar Bryony sleep-states. Wherefore,

(2.) Spinal irritation with sympathetic action on the brain.

IV.—In predominant *venosity* and *abdominal states*, in *hepatic* affections, *gastric* and *bilious* troubles (641), hæmorrhoidal and menstrual complaints, these appearances are indications for the choice of the remedy. Compare fever symptoms.

Remarks.—S. 643, 660, *point to colic and spasmodic attacks*; 654, 669, *to states of the sleep in hydrothorax, asthma from diseases of the heart.* S. 683, 697, *belong to typus. From* 682 *and* 687 *Trinks concludes its employment in somnambulism. (?)*

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FEVER SYMPTOMS.

In the afternoon SHUDDERING, then heat, at the same time with CHILLINESS; the chilliness (yet were the arms and hands warmer than usual), the heat was in	in the chest and arms (698)	worse in the evening (698), in the morning on waking (701, 702).
	the head (698).	
With PULSE-LIKE THROBBING PAIN IN THE TEMPLES, (without thirst) (698).		
After the noon-day sleep he is chilly and confused in the head (699).		
He must drink frequently (700)	.....	at nights.
DEADNESS AND NUMBNESS, ICY COLDNESS (703)	of the hands and feet.	
Coldness (704)	of the whole right side downwards.	
Chilliness (705, 706, 707, 711, 714); chilly feel (709, 710); much shuddering (713)	in the arms (706)	the whole day (706), towards evening (710), in the open air (707, 714), in the evening in bed (711), on lying down (712).
	all over,	
	over the whole skin (709)	
Violent SHIVERING as in an ague (708), with shooting pain in the left side above the hip, as if a gathering was forming there, though without thirst and without heat afterwards (708)	over the whole body,	compelling her to lie down.
	.....	after a walk in the open air (715).
A feeling of chilliness pervading a sudden general heat (716).		
Violent THIRST (he must drink much cold		

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water) with inward heat, no heat to be felt externally (717).		
Great thirst (718), thirst without external heat (719).		
Feeling of heat in the face, with redness and thirst (720)	in the internal part of the body (especially in the abdomen) (722).	
Fugitive HEAT (721); heat (722).		
Heat in the external ear, afterwards shuddering and shivering (723)	in the legs (723)	in the evening (723).
FEVER, lying down; CHILLINESS, YAWNING, NAUSEA, then SWEAT, without thirst (724)	.....	from 10 P.M. to 10 A.M. (724).
Fever, in the forenoon, heat (with thirst) after some hours (in the afternoon) chilliness, without thirst, with redness in the face and undefined headache (725).		
Sudden dry heat at each noise (726)	.....	and each movement (726).
Heat in frequent fits, as if she stepped into hot water (727)	in the lower extremities (727).	
Hot red cheeks, with shivering all over, goose skin, thirst (728)	.....	in the evening (728).
First thirst, then none, with cold feet and hands (729).		
In the evening she feels as if there was mucus in the throat, she gets thirsty (730).		
Violent (731) great (732, 734) stroug thirst,	.....	in the morning on getting up (734).

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she must drink much, what she drinks does not make her heavy (733)		
The thirst is increased by beer (735).		
Merely inward heat, with unquenchable thirst (736).		
Heat without thirst (738).		
Heat in the head, without thirst (739).		
EXCESSIVE HEAT IN THE REGION OF THE EPIGASTRIUM, causes violent thirst, (no dryness in the throat) (737).		
Several times dry heat (740, 741, 742, 743, 744)	over the whole head (740), in the head (742), on the forehead, as if from within outwards (743), in the face (744) on the cheek as far as the zygomatic bone.	in the morning (740, 742), at night (741), in the forenoon (743), towards evening (744).
A red, round, hot spot (745)		
Great heat internally, THE BLOOD SEEMS TO BURN IN THE VESSELS (746).		
RED URINE (747).		
He breaks out easily into sweat (748, 755).		
He sweats (749, 761)	.....	on slight exertion (748, 755), also at night on going into the cold air (748), all over (749), towards morning (751, 761).
Warm (750); sweat (750, 751, 752, 754)	in the palms (750), in the feet (751)	in the morning (752), while eating (754).
An anxious sweat, preventing sleep (753).		
Violent sweat (756, 758)	of the whole body, also of the head (756)	while lying in bed (756, 757), day and night (757).

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SOUR SMELLING STRONG SWEAT during a good sleep (762)	.....	in the night.
About 3 A.M. before sweat, thirst, then for four hours sweetish sweat smelling sour, before it goes off a pressive drawing HEAD ACHE, changing into CONFUSED IDEAS (763)	.....	after getting up.
Sudden awaking at night at 3 A.M., gentle transpiration till morning with quiet repose on the back, little slumber, dryness of the anterior part of the mouth and of the lips, without thirst (764).		
Gentle transpiration in bed (with sleep from 12 to 3 A.M.) (765)	.....	from evening till morning.
DELIRIUM ABOUT BUSINESS (766), would several times jump out of bed (767).		

Conclusions.

a.—SYMPATHETIC FEVER.

When we examine the nature of fever narrowly, we find it chiefly to be *a reflex of a local affection on the central nervous system, and on the whole circulating fluid*, and that fundamentally viewed it really represents in general what inflammation does specially and locally. The predominant venosity, the commencing decomposition and metamorphosis, which showed themselves in the forms and stages of inflammation proper to Bryony, as well as the character of irritability and sensibility therewith connected, occur quite in the same measure in the febrile phenomena of Bryony, which

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without bearing the asthenic character are quite removed from the synochal,—as for example, the sleep and symptoms of delirium already prove to us.

In order, now, rightly to appreciate the febrile symptoms we must combine them together with the local affections as *reflected phenomena*, since by themselves they will, to a certain extent, lose substantial value. By such a comparison we attain again a long expected solution of the local head, chest, abdomen, &c., symptoms; and there result a number of new forms of disease, which now first come into agreement with the general character of Bryony. In the choice of the medicine, the local as well as the febrile actions of Bryony must consequently be present when the same is indicated. Under these conditions and suppositions we find Bryony indicated.

I.—In Inflammatory Fevers:—in inflammations of the brain and its membranes, of the eyes; in angina, gastritis, peritonitis, especially peurperal, for which many of the febrile phenomena answer; in bronchitis, pleurisy and pneumonia, with nervous phenomena in the fever; in mastitis; in inflammations of the joints, muscles, ligaments, of the periosteum, of the cellular tissues, &c., in consequence of gout, &c.

II.—In *catarrhal* fevers, in affections of the nasal and bronchial mucous membranes; in influenza; in fevers which stand in connection with the *gastric* and *intestinal mucous* membrane (the so-called gastric and pituitous fevers).

III.—In *venous and bilious* fevers in consequence of hepatic affections, retention of the bile in the blood, &c., also in gastric-bilious fevers.

IV.—In exanthematic fevers, when the eruption and the fever both indicate the medicine.

V.—In rheumatic fevers (compare the sweat symptoms, the sour sweat symptoms (S. 762, 763) with the peculiar

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symptoms of the extremities) especially also in rheumatic-gastric fever with violent congestion.

b.—Idiopathic Fevers.

Besides these more symptomatic fevers, we can exhibit two kinds of fevers,—in which the central nervous system appears to be more originally affected,—intermittent fever and typhus, though it is still to be supposed that there are intermittent fevers in which the spinal irritation also depends only on local affections, as from affections of the spleen, the bladder, which affect intermittent states; and though further in typhus the disturbances possibly and probably depend rather on a corrupted and qualitatively abnormal circulating fluid. The phenomena of Bryony, however, all theoretical positions put aside, answer for an abundant activity of the medicine in both kinds of fever.

I—In Intermittent Fever. The type of intermittent fever is not so characteristically indicated, and the spinal affection comes too little into the foreground to fix Bryony for pure intermittent fever, at the same time the action of the medicine extends itself to organs, which may easily excite intermittent fever—for example, the spleen, the liver, the bladder, &c. It suits consequently in intermittent fevers, with pleuritic, venous, gastric, rheumatic phenomena, &c. Chilliness plays in them the chief part.

II.—In Typhus, especially in the stage of transition; with gastric, bilious, or pituitous characters; with complication of chest affections; in the versatile form, with increased sensibility (compare the symptoms of delirium, and sleep); from the absorption of irritating matter into the blood, as in milk fever, the commencement of pyæmia, and the nervous phenomena occasioned by it. But in general we must not, in regard to the selection of Bryony, confine ourselves in all fevers to the febrile symptoms alone, as con-

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sidered by themselves they possess no very high degree of significance; but we must consider the whole type of this medicine, which as regards fever, is completed by a comparison of the following symptoms:—of the head (congestive states), of the lips and parts adjoining (hidroa, aphthæ), of the internal mouth (coating of the tongue, thirst, dryness, symptoms affecting the taste), of the stomach (appetite, eructations, and other gastric and bilious symptoms), of the intestines and their evacuations (we first learn to know the symptoms of gastro-enteritis and of puerperal peritonitis by taking together the febrile and local affections, as well as the characteristic constipation), the urinary affections (these become important for us only through the fever), the nasal and bronchial mucous membrane (the kind of cough is peculiarly characteristic), the chest (the complication of catarrhal and inflammatory affections with pleurisy, pneumonia is very distinctive for Bryony, and frequently occurs: for example, in typhus with the character of venosity, decomposition), of the heart (congestive states), of the back and the extremities (as well on account of rheumatic symptoms as of those of spinal irritation important in all fevers), of the skin (deciding the question for exanthematic fever, for miliaria compare the sweat symptoms), of the state of the strength and of sleep, which have only value in connection with the fevers, but exactly characterise the action of Bryony in certain defined cases. After an arrangement of all these possible combinations, we are able to conceive of the variety in the kinds of fever in which Bryony is indicated. The hyperæmic, nervous (congestive nervous), rheumatic and gastric character of the fever may be read from the foregoing fever symptoms themselves, without the need of any commentary or comparison.

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INTELLECT AND FEELINGS.

Hesitations, APPREHENSIONS (768).

ANXIETY in the whole body, which always drives him to something, and wherever he comes he finds no rest (769).

ANXIETY; he is uneasy about the future (770).

Very IRRITABLE FEELINGS, very disposed to FRIGHT, FEAR, and VEXATION (771).

Very fretful and disposed to PASSION (772).

At first DEPRESSION, then HILARITY (773).

Depression (774).

Much WEEPING (775).

Feelings at once fretful, passionate, and tearful (776).

Fretful, believes she will never be ready with her work, always takes the wrong thing up, WILL TAKE UP SOMETHING ELSE INSTEAD, then a pressive aching pain in the forehead (777).

ILL HUMOURED, QUARRELSOME (778).

MOROSE, looking on all with VEXATION (779).

OVER-ACTIVITY, she will undertake and do too much (780).

Excessive ill humour, indisposition to think, PROSTRATION of THE POWER OF THINKING (781).

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Conclusions.

The psychological truth of these psychical phenomena comes out from their agreement with the physical actions.

1.—S. 768, 769, 770, 774, 775, point to the connection with the venous states, especially of the abdomen, and clearly depict the *melancholic* temperament.

2.—The disturbances of the *biliary secretion*, the *hepatic* affections, the *bilious-abdominal* element, which are proper to Bryony, are completed by the derangements of feelings occurring in the *choleric* temperament. Compare S. 772, 776, 778, 779.

3.—A *sensitive irritability* connected with the nervous character is predominant (S. 771, 773, 777, 780), which remarkably characterises the *female sex* and *emotional life* (hence Bryony in many diseases of women), but is moreover proper to certain forms of disease.

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Final Result.

General characteristics of Bryony.

When we combine the foregoing details in a general picture, the following general characteristic of the Bryony disease result.

A.

Physiological Character.

The essential part of all the actions of Bryony is *excitement of the vaso-motory actions.*

(2.) This appears predominant in the course of the venous system, and in the sphere of the capillary system, and more especially in its venous portion.

(3.) This excitement of the vascular activity goes hand in hand in Bryony, with excitement of the nerves of sensation.

It is possible that Bryony acts through direct change of the circulating fluid, or primarily on the nerves of sensation, and afterwards on the vaso-motory nerves; but this excitement of the nerves of sensation will increase in either case secondarily with the exaltation of the vascular life.

(4.) The increase of the circulatory movement appears as the first degree of the excitement of the vaso-motory activity; the hyperæmia and congestion of the vessels especially the venous, (whether in consequence of contraction of the vaso-motory nerves set up by excitement of those of sensation? or primarily?) as the second; the action on the blood itself in inflammation, or in other metamorphic changes, as the third.

Stasis with its reactions and terminations appears to be the most widely diffused element of the Bryony action, characterised by the affection of the venous system (in contra-distinction to the arterial Aconite), by the sensational excitement, which occurs especially in connection with venous affections, and by the plastic tendency (in contra-distinction to the otherwise related Belladonna). That stasis often appears externally as accelerated circulatory

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movement, and often succeeds it, is well known. Fever is only a general stasis. It is self-evident besides, that the foregoing three degrees are only ideal, i.e., *do not manifest themselves openly as stages.*

II.—From this fundamental property the character of the reaction of Bryony is explainable.

(1.) It is adapted specially for intermediate states and transition formations, partly as regards the participation of the nervous and vascular systems, partly as regards the transition from states of excitement to different forms of deposition. It is consequently suitable for erethistic states, in which a certain mobility of the blood (exalted irritability) with increased sensibility of the nervous system (exalted sensibility) is present; for such as are intermediate between synochal and venous states, or in the course of the disease for the period, at which a more pronounced synochal or erethistic character is passing into a nervous, connected with decomposition of blood.

Consequently Bryony is adapted likewise for these stages of transition in fevers, which in inflammations begin at the second stage, at which transformation (effusion, &c.,) commences.

(2.) Since we find these wavering states of excitability also at the period of childhood, in the female sex in general, and quite specially during pregnancy and the puerperal state, in the melancholic and choleric temperament, in nervous bilious constitutions, states likewise closely connected with the venosity everywhere predominant, these individual physico-psychical states quite specially answer to Bryony.

III.—On these fundamental relations a special light is thrown by—

(a) The pains which Bryony calls out. These are in the order of their frequency.

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1. Shoots (sharp, dull burning, burning-itching, tearing, cutting	=	affection of the serous membranes —skin, glands : *inflammation.*
2. Pressing pain, (routing, pinching, squeezing) and their sub-species : Gradual pressure (compression, distension, pressure outwards) tension	=	affection of the vessels : *congestion, inflammation, exanthemata, ulcers, exudations.*
3. Drawing (constriction) and the sub-species : Twitching, tearing (jerkwise twitching)	=	affection of the nerves—specially the *neuroses*, the fibrous membranes : *rheumatism—gout.*
4. Throbbing	=	affection of the vessels—*congestion*, &c.
5. Itching and its sub-species : pinching, smarting—creeping, scraping	=	cutaneous affections—*exanthemata —ulcers.*
6. Burning (shooting)	=	affection of the mucous membranes, vascular tissues, external skin : *congestion, catarrh, inflammation.*
7. Squeezing pain	=	affection of the nerves—muscles —fibrous membranes—*neuroses —rheumatism—gout.*
8. Pinching (constrictive).....	=	affection of the nerves—muscles —*neuroses.*
9. Pain of excoriation (cutting ? smarting, ulcerative) ...	=	affection of the skin and mucous membranes—*inflammation—exanthemata—exudations—ulcers.*
10. Pain as of bruise	=	affection of muscles — nerves — fibrous membranes — bones :— *neuroses—rheumatism.*
11. Pain as of sprain	=	affection of bones:—*rheumatism— gout*—(affections of joints).

(b) Also the peculiar conditions, under which aggravation occurs, are characteristic.

They are movement and pressure, (see *hyperæmia*), open air, (see *catarrh, rheumatism, gout*), the evening and night (see *hyperæmia, vegetative states*). These stand in connection as well with the morbid phenomena, as with the exciting causes (ætiology).

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B.

Ætiology.

All circumstances which *excite the circulation* will produce phenomena similar to those of Bryony, as vexation, anger, (*venous-bilious* states, *hyperæmia, fever*), excessive exertions (diseases of the muscles, joints, *hyperæmia, fever*); further, the exciting actions of the open air; chill, especially from dry cold and wind (*rheumatism, catarrh*), likewise whatever occasions *obstructions* of a *venous* character, a sedentary mode of life (*plethora* and its consequences). Consequently these exciting elements are also so far indications for the choice of Bryony.

C.

Local Relations of the Bryonia Disease.

(Anatomy.)

Bryony has its special anatomico-physiological relations,

(1.) To the *venous* and *capillary* system, and to the *mass* of the *blood* itself (compare stasis, metamorphosis, fever).

This is the general action, and most of the following relations are only localised affections of the circulation and changes in the composition of the blood.

(2.) To the peripheral but also central nervous system (brain, spinal marrow, spinal nerves, N. trigeminus ganglia)—(compare *neuroses*).

(3.) To the serous membranes (pleura, peritonœum, cerebral meninges,—(compare inflammation, exudations).

(4.) To the muscles and fibrous membranes, (tendons, ligaments, neurilema, periosteum, especially the articular apparatus)—(compare rheumatism, gout, straining of the muscles).

(5.) To the mucous membranes (mouth, stomach and

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intestinal canal, eyes, nose, ears, larynx, trachea, bronchiæ, lungs, uterus, urinary organs,—(compare *catarrh*).

(6.) To the lymphatic system and glandular apparatus (compare *scrophulous* affections).

(7.) To the biliary apparatus (liver, gall-bladder,)—(compare *bilious* states and *hepatic* affections).

(8.) To the skin, and

(9.) To the cellular membrane (compare *exanthemata*, *ulcers*).

The relations to the spleen belong probably to those of the venous system.

D.

Forms of Disease.

From the physiological fundamental relation, (A) together with the ætiological (B) and anatomical (C) character of Bryony, result the following pathological states which are most intimately connected together.

I.—Action on the *circulation*, increased movement and plethora; hyperæmia.

(1.) *Congestions*, occasioned by exciting and stimulating elements and circumstances of that sort, in the venous and capillary vessels (of the brain, spinal marrow, abdomen, pelvic and pectoral viscera, &c.).

Remarks.—To this division belongs also the general venous hyperæmia, plethora venosa. *See below.*

(2.) *Hæmorrhages* from similar causes, from the parenchyma, and mucous membranes (of the nose, lungs, and uterus).

(3.) Neuroses, likewise occasioned by abnormal circulation, obstruction, Hyperæmia within the nervous substance, occasioned likewise by exciting elements in the central parts (as *febrile excitement, spinal irritation*), as also in the ganglia and peripheral

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nerves (of the head, face, teeth, stomach—*cardialgia*, of the intestines—*colic*, of the liver—*hepatalgia*, &c.), affections of the vagus—*hooping cough*.

II.—Action on the *blood* itself in connection with abnormal circulation and plethora: *changes in sanguification*.

(1.) *Inflammations* and *inflammatory states* occasioned by exciting elements, actions of the fresh air, violent movement, exertion, with predominant affection of the venous system (and of the nerves), acute and chronic.

(*a*) Of the parenchyma, of the brain and the meninges, of the liver, of the uterus, &c.

(*b*) Of the serous membranes, *pleurisy, pericarditis, peritonitis*.

(*c*) *d*) *e*) Of the skin, of the cellular tissue, of the glands.

(*f*) Of the mucous membrane, as *catarrh* (catarrhal inflammation,) of the nose, of the mouth, of the larynx, of the bronchial and pulmonary mucous membrane (*influenza*), of the bladder, uterus, stomach and intestines; *gastric states and fever, pituitous fever*.

(*g*) The tendons, and fibrous membranes, as inflammatory, erethistic *rheumatism* (or rheumatic inflammation), occasioned by the irritating action of the suppressed cutaneous transpiration on the blood. Compare also *gout*.

(2.) *Effusions*, from similar causes as inflammations, consequences of local or general hyperæmia.

(*a*) *Exudations* as terminations of inflammation, *serous*, especially in the serous membranes — *hydrops acutus; sero-albuminous* in the mucous membranes —as *catarrhal* exudation.

(*b*) *Lymphatic* deposits in the glands, *scrophulous* affections.

(*c*) *Typhus* infiltrations. See fever.

(*d*) *Exanthematic* formations.

(3.) *Fever* with changes in the blood tending to decomposition; *typhus* in the first stages; intermittent

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fever in connection with hepatic, splenic, and spinal affections of a plethoric kind. (The symptomatic fever compare with the local states.)

(4.) General *venosity:* venous plethora or abdominal, hæmorrhoidal, and menstrual plethora in consequence of exciting conditions (diet), sedentary mode of life; the *albuminous* venosity of Engel, which gives the well known *venous* constitution of the blood. It occasions secondarily: *congestions, hæmorrhages, neuroses, inflammations, exanthemata,* frequently also *catarrhs,* especially the *gastric* variety. It also occasions—

(*a*) *Bilious* states, *diseases of the liver* and *biliary* apparatus.

(*b*) *Gout:* affections of this character of the fibrous membrane, joints, &c., with erethistic, inflammatory character. (Bryony will suit only those forms of gout which agree with its general type.)

E.

For the purpose of a general view, the forms of disease may be arranged in topographical order.

1. Head.	
Brain and its membranes.	Congestion, inflammation.
	Typhus.
	Hydrocephalus acutus.
	Sensational affections.
	Neuralgia.
	Hemicrania.
Skull.	Rheumatism.
Face.	Inflammatory prosopalgia.
	Neuroses.
	Rheumatism.
The Eyes.	Congestion.
	Inflammation.
	Catarrh.
	Neuroses.
The Ear.	Congestion.
	Inflammation.
	Catarrh.
	Swelling.
	Neuroses.
The Nose.	Epistaxis.
	Ozœna.
	Coryza.
The Lips.	Hydroa.
	Aphthæ.
The Mouth.	Gastric, bilious, inflammatory symptoms.
The Teeth.	Congestive, Inflamm., Carious, Rheumatic, } Tooth ache.

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2. The Throat.

The Palate.	Angina faucium et tonsillaris.
	Inflammation, or Catarrh.
Larynx.	Laryngitis.
Trachea.	Tracheitis.
	(Influenza).
	Chronic catarrh.
	Hooping cough.
	Spasmodic cough.

3. The Chest.

External Chest.	Rheumatism, apyretic stitches.
Pleuræ.	Pleuritis muscularis et serosa.
Bronchiæ.	Bronchitis.
Lungs.	Pneumonia.
	Hydrothorax.
	Hæmoptoe and hæmoptoic infiltration.
	Tuberculosis and inflammation.
	Dropsical asthma.
	Acute states of tuberculosis.
Heart.	Venous obstructions in the circulation.
Pericardium.	Pericarditis.
Mammæ.	Mastitis and hyperæmic states during suckling and weaning.
Diaphragm.	Inflammation.

4. Abdomen.

Stomach.	Congestion.
	Inflammation.
	Catarrh.
	(Gastric states).
	Cardialgia (Congestivo-venosa).
Intestines and Peritonæum.	Congestion.
	Inflammation.
	Peritonitis,
	Puerperalis,
	Muscularis,
	Serosa,
	Enterodynia.
	Hydrops. acutus.
	Ileus ?
	(Typh.) Diarrhœa.
	Constipation.
Liver and Spleen.	Congestion.
	Inflammation.
	Bilious states.
Bladder.	Congestion.
	Inflammation, or Catarrh.
	(Dysuria).
Kidnies.	Congestion.
	Bright's Disease.

5. Pelvis.

Ovarium.	Hyperæmia.
	(Phlebitis ?).
Uterus.	Acute menstrual anomalies and consequences.

6. Back, Outer Throat, and Nape of the Neck.

Inflammatory neuralgia.
Rheumatism.
Hyperæmia (Menstrual and Hæmorrhoidal affections).
Spinal irritation.

7. Extremities.

Rheumatism (Lumbago, ischias).
Arthritis, acuta et chronica.
Inflammation of muscles.
Inflammation of joints.
Inflammation of skin and cellular membrane.

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8. Skin.

Miliaria.
Purpura hæmorrhagica.
Erysipelas (Pseudo-erysipelas).
Urticaria.
Icterus.
(Morbilli,
Scarlatina,
Variolæ).

9. General Affections.

Fever: Typhus, Intermittent fever (inflammatory, catarrhal, gastric, venous-bilious, exanthematic, rheumatic, gouty fever).

N.B.—The special indications for these diseases are contained in the foregoing symptoms, to which we must always refer in the choice.

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II.

EXAMPLE OF THE SYNTHETICO-ANALYTIC MODE OF TREATMENT.

THE ACTIONS OF THE

RHUS TOXICODENDRON,

(POISON-OAK, OR SUMACH,)

ACCORDING TO

HAHNEMANN'S MATERIA MEDICA PURA,

Bk. II, p. 361-417.

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A.

On first perusing the distinguished and characteristic appearances of disease, we are met at once by a certain connectedness, presenting us with a general fundamental character of the actions of Rhus. We find here, for example, the following characteristic features : *

Absence of mind; giddiness with stupor; confusion, stupidity, bewildered, weak, tight and obstructed in the head; difficulty in thinking; prostration of mind; slow flow of ideas; forgetfulness, weakness of memory; stupid in thoughts; stupifying pain; head full, heavy, aching, gloomy; brain as if torn, as after a debauch, as if bruised; splashing as of water, shaking in the brain; digging in the head.

Pain as if they had gone to sleep in the cervical muscles. As if ulcerated on the head.

Paleness of the face; sickly look; sunken blue circles around the eyes; peaked nose; face deformed, distorted.

Weakness of sight; appearance as of gauze before the eyes; objects look pale. Heaviness and stiffness, as of palsy in the eyelids.

Parched dry lips.

Dryness of the tongue, in the throat. Thirst. Taste putrid, sharp, bitter-sour, greasy, slimy, insipid. Want of appetite, with sensation of emptiness in the stomach. Shuddering, as from nausea, or with disgust at food; nausea and squeamishness; creeping in the stomach.

Anxiety, as if from the abdomen, with flatulent distension; after eating weakness in the head and giddiness; excessive drowsiness after eating; shuddering; weak and giddy.

Oppression at the epigastrium, with want of breath.

Pressure in the hypochondria from below upwards, with anxiety, as if death were impending. After a chill cramps in the right side of the abdomen, with whimpering, pusillanimous, disconsolate mood. Paralytic state of the sphincter ani.

Almost spasmodic sneezing.

* We have allowed ourselves, wherever a special citation is not necessary, all verbal and formal abbreviations, in so far as they exert no influence on the objective impression. Hahnemann's order is rigidly retained.

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Feeling of weakness at the heart; trembling of the heart; suppression of the lacteal secretion.

Constriction; oppression of the chest and short breathing, with weakness of the limbs—as if without feeling in the chest, numb and stiff; short breathing, even to suffocation; a constriction of the trachea; tickling cough, with shortness of breath; cough like whooping cough.

Feeling in left shoulder as if paralysed; pain in the nape of the neck like lead; pain as of bruise over the loins, weight, pressure.

Trembling in the arms, (cannot keep the arms up,) in the limbs after being used; powerlessness and stiffness of the forearm and finger on movement; coldness of the forearm, as if bruised; feeling on the skin of the forearm as if rubbed with wool or scraped with a knife, with feeling of coldness; finger as if asleep, numb, with tingling; crampish drawing inwards. Thigh as if bruised, with paralysis in the anterior muscles; jerks, with trembling of the knee; after walking buzzing sensation in the knees and ham. Stiffness. Cold in the left shin bone. Tottering. Paralytic drawing in the foot. Extreme weight in the hams and calves. Uncommon weakness in the legs; they feel heavy and bruised, as if paralysed. Spasmodic drawing of the calves and cramp. Vibration in the legs, with restlessness. Tingling in the feet, in the paralysed parts. Loss of feeling and numbness of the under part of the feet, as if they were of wood. Spasmodic contraction of the soles and toes. Paralysis of the lower extremities; shuffling and slow walk.

The limbs, on which one lies, go to sleep. Trembling in the arms and legs, even at rest. Jerking of the limbs, of particular muscles. Great weakness in the whole body, as if the bones felt sore; weakness, sensation as if bruised. Semilateral contractions of the arms and legs, especially at night. Disposition to lie down; cannot keep out of bed, must lie down an hour at a time in order to gather strength; on lying down drawing in all the limbs. Feeling of fatigue, worse when sitting, less on movement. Paralysis over the whole body, in all the joints. Tottering, cannot stand upright.

Fainting, with retention of consciousness, without pulsation of heart, rather cold than warm.

Somnolence; sleepiness, even in the day, with anxiety, restlessness, melancholy. Restlessness when sleeping in the day.

Movements and playing of the fingers and hands in sleep. Much violent and spasmodic yawning, with danger of dislocating the jaw-bone. Restless, interrupted sleep, with tossing and anxiety. After waking out of sleep in convulsions, shrieks on account of excessive headache, and feeling of dislocation in the limbs. Sleeplessness, with and without sweat and heat. Anxious, frightful dreams; muttering delirium. Somnolence, with troublous dreams; could go to sleep while walking; unpleasant thoughts, and dozing into sleep. Sleep not

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refreshing. Great tendency to fear at night. Wandering in talk during sleep. Starts with fright on going to sleep; jerking starts; stupified after sleep; fretful on waking.

Sensitive to the cool open air. Chilliness. Continual chills. Shuddering chilliness, with thirst, oppression of the head, extremely cold hands and feet. Shuddering in the back. Inward cold, as if the limbs would lose all feeling, without external cold. Shuddering and heat at the same time. Evening fever, with diarrhœa, with sleepy weariness, yawning, anxiety, convulsions, &c., as if cold water were poured over, or as if the blood was running cold in the vessels. Cold shudders, with sweat and cramps in the abdomen. Unnatural heat. Slow irregular pulse.

Impatient and vexed at every trifle. Ill humour. Detestation of occupation. Fright at every trifle, as if before the greatest misfortune. Melancholy. Involuntary weeping, without being inclined to cry. Indifference towards company. Love for quiet. Ill humour, depression, melancholy. Feeling of loneliness, of being separated by death or departure. Fear, with anxiety; tendency to fright, with restless feelings; trembling; exciting sweat. Anxiety, as if about to die, with sinking of the strength. Tired of life. True heart-anguish, as if to suicide. Cannot sleep for fear. Inward restlessness, cannot sit still, with anxiety, fear, clutching and pressure about the heart, dyspnœa; tearing in the sacrum, irregular pulse, trembling weakness in the knees, sleeplessness. Pusillanimous, as if in despair; timid. Distrustful, believes he will be poisoned; disordered intellect; thinks he will die; cannot get rid of unpleasant thoughts.

I.—We need no great commentary in order to recognise from these features as the fundamental character,

(1.) A predominant nervous affection which manifests itself as a real weakness (asthenia), depression, paralysis and sinking of strength, or as asthenic irritation. These are so predominant and important, that we cannot but perceive that—

(2.) The morbid symptoms of the blood, by which we are here and there met, proceed secondarily from this nervous sphere, and must be considered as paralyses of the vascular life in uniformity with the depressed and paralytic phenomena of the nervous sphere in the form of decompositions and metamorphic degenerations.

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II.—Hence we can conclude on the character of the reaction, and may perceive that Rhus is specially suitable for real asthenic states, from simple depression to perfect paralysis, and is also adapted for such conditions as present a weakness, a suppression, or a perfect paralysis of the activity of the vascular life; also in depraved nutrition and true corruption of the juices (compare the pathological states under D. E.). Torpor is specially the field for Rhus, whether induced by real weakness or antecedent excitement, and weakly women, children, the aged, depraved constitutions of all ages, the melancholico-phlegmatic temperament (see the moral states above) are specially adapted for it.

III.—If we now, in a second perusal, direct our attention to the pains which are proper to the Rhus disease, and refer these to their anatomico-pathological conditions, we shall soon perceive whether they bring confirmation for the above general characteristics.

These are as follows in the order of frequency.

Drawing (head, eye-brows, cheek-bones, forehead, maxillæ, teeth, ear, from the umbilical region to the mons veneris, abdomen, inguinal ring, down the back, genitals, chest, neck, shoulder-blade, hip to the knee, under the axilla to the upper arm, joints, palm of the hand, gluteal region, sacrum, lower extremities, hams); pressive, (head,) constrictive (pericranium, eyes, face, epigastrium, stomach, abdomen, under the umbilicus, groin, sternum, scapula, chin, skin between the shoulders, soles of the feet, toes); crampish constriction, (lower extremities); cutting constriction, (cheeks, teeth); burning constriction, (cheeks); burning, (feet); pressive drawing outwards, (hypochondria); crampish, (umbilical region, elbow joint, buttocks, thigh); like labour pains, (uterus); cutting, (testicles).

And the sub-species.

Jerking (head, eyelids, cheeks, abdomen, scapula, knee, arm, root of the hand, leg, calf, limbs); intermittent shooting (temples, maxilla, teeth).

Tearing (head, temples, hairy scalp, region of eye-brows, malar bones, ear, abdomen, intestines, shoulders, sacrum, hip to the knee, joints, limbs); jerking, (elbow and wrist joint, thigh).

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Jerks, (occiput); shooting, (sternum, loins).
Pressure from being dammed up towards (hypochondria, abdomen, intestines).
Constriction (chest, trachea, dorsal muscles).

Pressure (on the head, eyes, temples, frontal bone, teeth, gums, throat, stomach, epigastrium, heart, abdomen, genitals, muscles of the nape of the neck, shoulder-blade, loins, axilla, hip-joint, shin-bone, soles of the feet); compressive (of the temples); burning (eyes); digging (glands); drawing (abdomen, toes); pressure outwards, expansive (head, from the groins); inwards (sternum); cutting (loins); spasmodic (thigh, under the groin, shin-bone); dull (teeth); shooting (genitals).

And the sub-species:

To or from a centre (on the mons veneris, intestines, soles of the feet) expansive; compressive (occiput).
Cramp, squeezing, (oppression) (maxillary joint, gums, epigastrium, abdomen, chest, sternum, calves, leg).
Burning (cheeks); pressive (chest).
Pinching (lips, upper abdomen, epigastrium, lower abdomen, under the diaphragm, region of the stomach, within the stomach, umbilical region, under the ribs, on the fingers, on the arms, hairy scalp); jerking (abdomen).
Aching (ear, fundament).
Thrusting? (ribs, chest, epigastrium).
Boring (chest).
Tenesmic (stool, urine).
As of bruise (under the umbilicus).
As of sprain (wrist, thigh, foot).

Tension (under the nostril, rectum, chest, nape of the neck, arm, elbow joint, groin, hip, and joint, thigh, tendons of the extremities, knee, and joint, calves, foot and soles); shooting (groins); drawing downwards (thigh out from the joint).

And the sub-species:

Stretching pain of (mons veneris, limbs); outwards (groins).
Pain as from swelling, cord-like tension (face, angles of the eyes, abdomen, genitals); pressive (epigastrium).

Shooting (head, temples, eyes, face, glands, teeth, throat, epigastrium, stomach, genitals, region of the heart, over the umbilicus, abdomen, bladder, vagina, chest, loins, sternum, under the ribs, back, axilla, upper extremities, knee, calves, ham-strings, tendo-achillis, bones of the feet, in the scabs); shoots like needles (cheeks, upper arm, heels, soles); pressive (throat,

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gastric region, back); as of ulceration (behind on the palate); dull and pointed (epiglottis); itching (nape of the neck); fine (head, sternum, limbs); drawing (over limbs; throbbing (region of the heart); boring (ribs, upper arm, thigh); tearing (chest to the abdomen, wrist, tibia); drawing twitching (coccyx); burning (axilla, back of the foot, toes); spasmodic (ankle); jerking (ball of the toes); shooting outwards (lower limbs).

Pain as from bruise (brain, orbital cavity in the bones, maxillary joint, temples, throat, sacrum, sides of the lumbar vertebræ, limbs; —in the ulcers; general).

Cutting (eyes, cheeks, teeth, umbilicus, abdomen); tensive (scapula).
And the sub-species:
Routing or digging (abdomen, bones of the hand); and twisting (abdomen).

Itching (hairy scalp, face, rectum, mammæ, nipples, throat, fore arm, limbs, ham-strings, hairy parts); gnawing (scalp, hands); smarting (eyelids and angles of eyes); shooting (prepuce, calves, toes); burning (elbows, hands, chilblains).
And the sub-species:
Tingling (forehead, occiput, ear, gums, stomach, rectum, finger, knee, leg, feet; face, spine, and sternum; in the ulcers); itching (ear); as needle scratches or pricks (teeth).
Tickling (air-passages).
Pinching (finger).

Burning (head, face, stomach, abdomen, rectum, urethra, chest, sacrum, arms and hands, between the fingers in the flesh, limbs, over the hips;—skin over the whole body); gnawing (fore arm); itching finger.
And the sub-species:
Smarting (eyes, urethra, parts of generation); as from salt (in the ulcers); burning (in the ulcers).
Pain as of excoriation (nostrils, teeth, throat, anus, vagina, throat and trachea, on the chest, sacrum, corns).
Burning (gums).
Pain as of ulceration (abdomen.)

Throbbing (head, ear, epigastrium, gastric region, balls of the toes).
And the sub-species:
(Legs, back of the feet); pulsation.
Beating (teeth, throat, elbows, foot); cutting (back of the palate).
Swashing as of water (hands, calves).

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Shivering (head, abdomen, chest).

And the sub-species:

Vibration (tibia).

(*a*) We perceive immediately that the pains are characteristic of neuralgic affections, as drawing, pain as of bruise, cutting, itching, predominate over the others which belong to vascular affections, such as burning, and throbbing, and that the kinds of pain indicative of these affections, pressure, shooting, preserve a nervous appearance through the modifications which they undergo, as drawing tearing, crampish, compressive jerking, &c. On comparing, now, the localities in which these sensations occur, we are conducted to certain categories.

Drawing, a specially neuralgic symptom, and its varieties point principally to neuroses, and their analogue *rheumatalgia*, occurs almost in all tissues, especially in the muscles, tendons, fibrous membranes, skin, bones, and joints. Together with tearing pain, it is the expression of pain most frequently met with in Rhus.

Pressure and its varieties we find in the nervous tracts (*neuroses*), mucous membranes (*catarrh*), muscles and fibrous membranes (*rheumatism, inflammation,* &c.), joints (*inflammation*), bones (*dyscrasic states*), glands (*swelling inflammation*), serous membranes (*exudations*), skin and cellular tissues (*exudations, ulcers, scrophula, rachitis, gout*).

Tension and its varieties we find in the nervous tracts (*neuroses*), in the skin, and cellular tissues, joints, tendons, and muscles (*rheumatic, gouty, inflammatory*, and *states resulting from over exertion*).

Shooting occurs principally in the serous membranes (*inflammation* and *exudations*), the skin and the cellular membrane (*exudations* and *ulcers*), in the tendons, muscles, fibrous parts (periosteum), joints (*rheumatalgia, gout, inflammation*), in the nervous tracts themselves (*neuroses*), the glandular and parenchy-

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matous tissues (*inflammation swelling*), more rarely in the mucous membranes (catarrh).

Pain as from bruise, is according to its occurrence in the muscular, fibrous, and osseous tissue, and in the peripheric and central nervous system (general feeling as if bruised), especially a symptom of neuroses (*paralysis, weakness*) *rheumatalgia,* consequences of *over exertion.*

Cutting, digging, &c., are likewise neuralgic symptoms which are specially proper to the abdomen (*colic, rheumatalgia*), though they likewise occur in the nervous tracts.

Itching and its varieties occur as well in the skin and cellular membrane as in the mucous membrane, and are signs of nervous affection, pointing through peripheric states (*exudations, exanthemata, ulcers*), or central states, either to a spasmodic erethismus or to paralysis (as tingling in *paralysis*).

Burning is chiefly to be found in the mucous membranes (*catarrh*), or in the skin (*exudations*), or in the cellular membrane (*ulcers*), and is a manifestation as well of *inflammatory* as of *disintegrating* states, which here predominate.

Throbbing and its varieties, as the rare tremor and vibratory movement, are here in opposition to other medicines, so at one, that they can only count in conformity with the other symptoms as nervous, *spasmodic,* reflex-movements.

More particular notes on these indications under C. D. E.

(*b*) The peculiar circumstances which contribute to the Rhus character, throw some light on the true nature of this disease. The predominant aggravation by rest (by which Rhus is particularly distinguished from Bryony, as described above), points to the *nervous* constitution of the morbid phenomena. But active vascular affections are generally increased by movement, while nervous affections are relieved; the former are lessened by rest, the latter increased. We find

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consequently in Rhus aggravations on lying down, while sitting, which compel one to get up, predominate over the opposite observations. The occasional relief from touch is not quite to be overlooked, since in vascular affections pressure aggravates, in nervous relieves. The action of the open air points to *rheumatic* nervous affections (see the pathology).

B.

The diseases answering to the proper actions of Rhus, which is itself an ætiological element in the production of diseases in this direction, are occasioned by debilitating actions of every kind, acting partly primarily on the nerves, as emotions, immoderate exertions; partly secondarily on the vascular activity, as bad nourishment, loss of fluids, previous diseases, miasmatic contagions, or sporadic decomposition of the blood, wettings. It is of little moment whether excitement precedes these depressing elements, though this is frequently the case, for we have to do here merely with the result, the asthenia, whether it be direct or indirect (according to Brown).

C.

If at our first study we obtain a general view of the seat or locality of the affections, and see that besides the mind and general feelings certain organs and parts are specially affected, as the head (forehead, occiput), the face, the organs of the senses, the teeth, the outer throat and parts about the nape of the neck, the stomach, the abdomen, the pelvic organs, the nose, the windpipe, the larynx, the lungs, the back, the extremities, the skin, we shall on a more attentive perusal, and particularly on a comparison of the physiological phenomena arrive at a definite *anatomical* constitution.

(1.) The nerves appear to be predominantly affected, as is already clear from the foregoing peculiarities, and particularly the brain (cerebellum), the spinal marrow with its ramifications, though likewise the

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ganglionic (stomach, intestinal, genital, and cardiac parts), and the vaso-motory nerves. In every case the fundamental action of Rhus depends on this specific relation to the nervous system, and in most cases this is its primary action (compare *neuroses* and *affections of the blood*). Though the motory apparatus of the same is transmitted,—

(2.) The relation to the vascular system, specially to the venous and the capillary system, the lymphatic and the glandular system (the lacrymal glands, the submaxillary, the parotid, the sublingual, the cervical, the inguinal and the axillary glands, the mammæ); compare *states of decomposition, (hæmorrhages, exudations, colliquations, inflammations, fevers, dyscrasias*). The working of this anatomical constitution shows itself further in the relations to the—

(3.) Muscles, the fibrous membranes, and the articular apparatus (face, throat, nape of the neck, chest, heart, shoulder, back, especially the loins, axilla, glutæi, hips, extremities; gums, maxillary, axillary, elbow, hand, finger, hip, knee, and ankle-joints). Compare *rheumatic* and *arthritic* affections, and those from *over exertion, lifting, sprain,*—

(4.) To the mucous membranes (eyelids, eyes, ears, Eustachian tube, nose, lips, mouth, inner throat, palate, tongue, stomach, intestines, bladder, urethra, uterus, trachea, larynx, bronchiæ). Compare *catarrh, hæmorrhage, exudations, ulcers,*—

(5.) To the serous membranes (peritonœum, pleuræ, endocardium, meninges). Compare *inflammations, exudations*—

(6.) To the skin and cellular membrane (head, face, ear, throat, scrotum, and genitals, chest, back, extremities). Compare *states of decomposition, exudations, exanthemata, inflammation, dyscrasias,* (*ulcers,* &c.).

(7.) To the bones and the periosteum (cheek, orbits, zygomatic bone, frontal bone, maxillary teeth, clavicle, sternum, ribs, spines and bodies of the vertebræ,

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axillæ, extremities—(joints, see above). Compare *rheumatalgia, dyscrasiæ* (gouty, scrophulous, rhachitic).

D.

Keeping closely in view the fundamental character of weakness (*asthenia*) with the double manifestation of paralysis (torpor), or of versatility (excitement), we can now, with the aid of ætiology and anatomical (local-specific) conditions, proceed to the investigation of the pathological relations. Certain principal forms of morbid states will come out as we proceed, and show that one band connects all these varieties, the fundamental action of an *abnormal inervation,* which permeates all stages from asthenic versatility, through depression to real exhaustion and paralysis of the vital activity.

We find then, to anticipate in groups the results of what has been topographically investigated (see E).

I.—In the Sphere of the Nervous System.

Neuroses of all kinds, occasioned by weakening influences of all kinds (as loss of fluids, degeneration of the blood, bad nutrition) upon the brain, spinal marrow, ganglions and their ramifications.

(*a*) *Neuroses with the character of torpid asthenia* and real exhaustion, *paralytic* states, and particularly palsy (of the eyelids, amaurosis, deafness, of the spinal marrow, of the bladder, &c.), paraplegia and hemiplegia, epileptic states, agrypnia, sopor, states of debility during convalescence from severe illnesses, melancholy, hypochondria, weakness of intellect, imbecility.

(*b*) *Neuroses with the character of versatile asthenia,* weakness with over excitement, *spasmodic* states, and particularly convulsions, chorea, tetanus, spasmodic yawning, nervous giddiness, nervous headaches, megrim, prosopalgia nervosa, odontalgia, neuralgia of the stomach (cardialgia) and of the bowels (entero-dynia), neuroses of the bladder

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(retention of urine), spasmodic laryngeal and tracheal affections (cough), nervous asthma from affection of the vagus and of the heart, neuroses of the spinal marrow, spinal irritation, pains in the back, loins, and limbs, ischias, neuralgia of the skin. To this section also belong, with the special affection of the fibrous parts, muscles, bones, joints, in consequence of being wet through, and from the debilitating action of cold, the rheumatic affections of Rhus which do not, as in Bryony, depend on vascular affections (hyperæmia), but on nervous affections, and which express themselves in conformity with the Rhus character, either as *palsies* or as *neuralgias* (rheumatalgia): like the affections arising from over exertion (strain, sprain, contusion), which belong likewise to the neuralgiæ.

II.—In the sphere of the vascular system, hæmatonoses, occasioned by weakening influences in the form of *decomposition* or of *degeneration*. If we suppose the nervous affection as the primary element of action, it follows, that the morbid affections of the blood-life, which Rhus points out, will be only of a secondary kind, and will arrange themselves in the sphere of metamorphoses as a real torpor or paralysis of the vascular walls, more rarely as states of excitement with the character of weakness. This will accord with the already explained action on the nerves. We have consequently, as the defective nutrition, and the morbid assimilation of the fluids may act injuriously on the nerves and induce effects answering to Rhus, to expect also proceeding from the nerves similar states for the blood-life.

For both kinds of states, which often complicate each other mutually, also in the so-called nervous diseases, Rhus is adapted. The following special forms are here to be mentioned.

(*a*) Diseases of the blood with the character of decomposition and of degeneration through weakening influences, such as defective nutrition, loss of fluids, miasmatic and contagious action.

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(*aa*) PARALYTIC STATES.

(1.) *Putrid decomposition on the skin* and cellular tissue; morbus maculosus Werlhofii; purpura hæmorrhagica; petechiæ; carbuncles; pustula maligna; ulcera pedum phagedenica, gangrenosa.

(2.) *Exudations* on the skin and the cellular tissue; blood swellings (encephalœmatoma neonatorum); perniones; hydrops, particularly after cutaneous eruptions, œdema scroti; in the serous membranes; dropsical exudations (hydrocephalas acutus—(Mor. Mueller); hydrops pericardii; endocardii; hydrothorax: hydrops peritonæi; articular dropsy;

In the parenchyma; œdema pulmonum?

(3.) *Colliquations*, in phthisis and consumptions, acting symptomatically.

(4.) *Hæmorrhages*, especially in the mucous membranes (epistaxis, pneumonorrhagia, dysenteric hæmorrhage, uterine hæmorrhage).

(*bb*) VERSATILE ASTHENIC STATES.

(1.) Inflammation with nervous or dyscrasic character, and disposition to decomposition, in consequence of chill and abnormal nutrition. (See 2).

In the mucous membranes, as asthenic-catarrhal, scrophulous inflammation of the eyes, eyelids, psoropthalmia; blennorrhœa of the lids; otitis; otorrhœa; inflammation of the nose; ozœna; catarrh or inflammation of the Eustachian tube, of the nose, of the trachea, of the larynx, of the bronchiæ, of the lungs (hepatization with nervous state); grippe, catarrh or inflammation of the palatal parts; œsophagus; ventriculo-intestinal catarrh; diarrhœa; dysentery (especially the reflex nervous phenomena of the same); catarrhus vesicæ; uterus;

In the serous membranes with disposition to decom-

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position (effusion); pleurisy, endocarditis; peritonitis, meningitis, in consequence of debilitating influences or chills, less against the inflammation itself, than against the nervous accompaniments and consequences (decomposition);

In the fibrous membranes, muscles, bones, as rheumatic and dyscrasic inflammation;

In the glands in the same way (parotitis, &c.). (See above C.)

(2.) *Exudations,* especially in the skin, exanthematic eruptions, scarlatina miliaris, morbilli, erysipelas bullosum, pustulosum, neonatorum; variola, variolois, urticaria, pemphigus, where nervous excitement concurs with decompositions.

(3.) Febrile states, and particularly as well the symptomatic, when they incline to morbid states of the assimilation,—for example, take on pyœmic action (puerperal and the so-called status nervosus, putridus, as also idiopathic, in especial, intermittent fever, typhus under all forms).

(*b*) *Diseases of the blood with the character of depraved nutrition,* with torpor and depression of the vascular life; dyscrasiæ;

In the lymphatic and glandular systems; *scrophulosis; induration; swelling* of the glands;

In the cutaneous system; *dyscrasic exanthemata*—as psoriasis, impetigines, herpes, especially of the face, tinea capitis, lepra, gutta rosacea, rhagades, verrucæ, chiefly in scrophulous diathesis;

In the bones and cartilages—*rhachitis, tophus, caries;*

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In the joints, muscles, fibrous parts; arthritis acuta et chronica, chiefly with neuralgic character or with effusion; articular diseases with scrophulous diathesis.

E.

We shall be justified in this arrangement, if descending from generals to particulars we here survey the individual forms in topographical arrangement in the order of the Hahnemannian schema, according to their concrete appearances as the groundwork of the whole.

HEAD.

(Neuroses.)

Giddiness, pure nervous giddiness. (Incipient softening of the brain?) (Spt. 1—9, 11, 12, 14, 16—19, 51). Compare headache.

As if drunk; violent giddiness; every thing turns round with him; wavering, tottering, and reeling in the body; as if he was held up aloft; with heaviness; on stooping as if the blood shot into the brain, as if he could not rise again.

Cephalalgia.—Rheumatic, gouty, and nervous headache. (Spt. 13, 18, 20—25, 33, 37—50, 51, 88).

Confusion without any definite pain; headache, as if stupified, and humming in the head; inebriation; tightness of head, with difficulty of thinking; reeling headache, over the whole head; head full and heavy, as if the brain fell forwards; as if the brain were loose and struck against the skull; across the forehead, in the occiput; pressive headache, as if with a dull point; pressive drawing on the left side of the hairy scalp towards the upper part; and deep over and behind the right orbit a pressive downwards, as of a weight; headache, as if the eyes were pressed out of the head, with yawning and chilliness, without thirst. Constant weight in the head on stooping, as if a weight fell forwards; also in the temples; as if the brain were compressed on both sides; as if the forehead were pressed asunder, with weight, on coming out of the open air into the room, or on waking out of the mid-day's sleep. Burning pressure on the right temporal bone. Tearing pain all over, stronger on the left side, with external pain, as of excoriation, in the right temple across on the hairy scalp. Drawing in the occiput and the temples, with pressive pain in the eyes. Headache, as from disordered stomach. Violent headache,

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as if the brain were torn to pieces, as after a debauch; in the occiput as if it were a bruised pain; in the temples a pressure outwards. Fluctuation, as of water in the brain. Creeping and formication over the forehead and the nose, disappearing on stooping. Shoots outwards. Fine throbbing in the right side. Burning in the head and fine throbbing or clawing headache in the occiput, sometimes in the forehead. Fine violent shoots in the right temple inwards. Sudden jerks in the occiput. Shoot during eating, then sickness and fulness. Burning creeping in the forehead. As if a painful digging with a needle, a fine stitch-like digging. Headache as if external, the skin as if constricted and plucked up, yet not painful under the touch.

States of depression in cerebral activity. Weakness of mind. Weakness of memory. Imbecility. (Spt. 10, 16, 22, 25—32, 35, 36). Compare psychial states under A.

A stupified state, a weakness in the head. Oppression and want of desire for literary work. Prostration, thought is difficult, speaking troublesome, and against the grain. Cannot put thoughts together; quite stupid. Slow movement of the ideas. Forgetfulness. Dull weak memory. Loss of thoughts; as if in thought, and yet want of ideas.

Diseases of the outer head. (Compare face, skin). Encephalatoma. Exanthema. (Spt. 87—92).

Creeping on one spot of the occiput, as if an ulcer would form there; upon the scalp; hairy scalp painful on being felt, and on brushing the hair back; external pain, as of boil. Gnawing itching, where a miliary pimple comes out.

(The other symptoms mentioned here by Hahnemann relate to stomach affections and febrile states.)

FACE.

(Neuroses.)

Prosopalgia nervosa and rheumatica. (Symptoms, 97, 114, 153—156, 184, 186, 188—190, 193, 194, 196, 200, 203.)

The face is deformed and distorted; the left side as if drawn together and shorter; the right as if elongated. Drawing and tearing in the region of the eyebrows and in the cheek bones. On the inner side of the socket towards the nose, in the bone, pain as of bruise. Pressure with fine shoots in the zygomatic bone; upon the frontal bone. Dull drawing on the left side of the forehead, through the left cheek down the jaw, through the muscles and teeth, as if toothache was commencing. In the evening shooting twitching, in single jerks, out from the temples into both jaws and rows of teeth, with weakness, pain as of

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bruise in the left temple, yawning. In the under lip a pinching spot. Vibration and cracking in the maxillary joint. A pain in the maxillary joint, deep under the ear, as of cramp, during rest and on movement, relieved by strong pressure from without and the use of warm things; as if bruised, as if it would break. Like needle prickings in the cheek. Cutting, then itching and shooting. Cutting constriction in the cheeks.

(Affections of the Blood.)

Exudations *a*); exanthemata, dyscrasic:—crusta lactea, impetigo, Psoriasis, herpes, Tinea faciei, gutta rosacea, acne, lepra, pustula maligna, carbunculus, acute cutaneous eruptions, as maculæ or miliaria (scarlatina), wheals and points (urticariæ, morbilli), vesicular and pustular formations (Zonæ, Erysipelas bullosum and pustulosum, variola and its cognates, pemphigus). Compare febrile states and skin (spymtoms, 97, 114, 180, 181, 183, 185, 186, 187, 192).

Redness and sweat, without thirst. Scaling of the skin. Great swelling, the head as big again, phlegmonous vesicular erysipelas. Erysipelatous swelling of the face and neck; of the eyelids; of the lobules of the ear, with violent burning, tension; cannot open the eyes for eight days. Fine scales on the face. Vesicular erysipelas, with burning pain, tears in the eyes, vesicles full of yellow water, burst, then a mealy desquamation. Cramp in the right cheek, as if it would ulcerate, with heat and roughness of the cheek, as if a rash was about to appear. Upon a wrinkle of the cheek a pustule, painless till it is handled, when it pricks. Burning vesicle about the mouth and on the nostril. A pimple on the lower lip, below the red part. Dry, parched lips, with reddish crust. Clusters of pimples, which are filled with a watery fluid when first forming, they are near the corners of the mouth, on the border of the lower lip, feel sore when touched, and when not touched a smarting sensation, as if occasioned by salt, is experienced in them. Pimples on the side of the chin, with pus at their tips, on being touched a feeling as if a sharp wedge was pressed into them, accompanied with a continuous burning.

b. Hydrops (after rashes ?). (S. 108).

Swelling of the head, throat, and the chest, down to the navel.

THE EYES.

(Neuroses.)

Palsy of the lids, amblyopia amaurotica, amaurosis, (S. 127, 128, 151).

Twitches and constriction; weight and stiffness in the eyelids, like palsy, difficult to move. Weakness of sight; objects are pale. Sensation as of gauze before the eyes.

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(Affections of the Blood.)

Inflammatory states and catarrhal, dyscrasic (scrophulous, rheumatic, gouty), blepharitis and ophthalmia. Blennorrhœa palpebrarum (of new-born infants), photophobia scrophulosa, corneitis? (S. 115—152.)

Inflammation of the lids. Smarting itching on the upper eyelid, disappearing on rubbing. On the inner surface of the right upper eyelid a feeling as if swollen, with pressure, going off in the open air. The eyelids are dry, as if drawn together by sleep; much swollen. Twitching of the lids, with feeling of dryness, during a febrile chilliness. Lids in the cold air as if sore, from saltish, smarting tears. Itching in the right external angle of the eye. Red, hard swelling, like a stye, on the lower left lid, towards the inner angle, with pressing pain, for six days. Feeling of swelling in the right inner angle. Smarting as if from acrid acid in the right eye. Pain in the eye-ball on turning and pressing it. Pressure, as from dust. Periodic cutting in the eye, with difficulty of opening the lids in the morning. Pressure on straining the sight, as if from inflammation in the left eye, with redness of the inner angle, and closure, as from mucus, in the evening. Pressure and constriction; burning pressing feeling in the eye. In the morning the white is red, the eyes project; are red and agglutinated with matter. Ophthalmia. Weeping eyes, with œdematous swelling around them. In the evening lacrymation with burning pain.

EARS.

(Neuroses.)

Nervous dysecoia, buzzing, ear-ache, (rheumatic). (Spt. 157—159, 161, 164, 165, 182).

Ringing in the right ear on walking. Two violent cracks in the left ear, as if the membranæ tympani has burst; while lying down and in the act of going to sleep, he started up. Buzzing before the ear. Squeaking in the ear, as of young mice. Coldness in the closed mouth, with roaring in the left ear. Ear-ache. Fine, painful tearing behind the left ear.

(Affections of the Blood.)

(Inflammation dyscrasic;) otitis scrophulosa. Otorrhæa (S. 160, 162, 163, 166).

Painful throbbing, at night, in the internal ear. Sudden drawing pain, as if a thread was being drawn through. Before the right ear, as if something was blowing within, or lay before it. Itching creeping in the ears, as if there was something alive in them, compelling him to put his finger in.

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NOSE.

(Affections of the Blood.)

Epistaxis (Spt. 168—170, 176, 177).

Epistaxis, hardly ever except on stooping; on hawking.

(Dyscrasia); scrophulous inflammation of the nose, ozœna, exanthemata (S. 171—175, 178, 179, 181).

Feeling of hardness and swelling under the nose, going away on being felt. Tension under the right nostril. Hot burning under the left nostril, so that the breath seems to come hot through it. Apex of the nose hot, painful to touch, as if it would suppurate. Sensation of excoriation in the nostrils. Scabby eruption near the left ala nasi and under the nose. An herpetic eruption about the nose and mouth, sometimes with twitching and burning therein. Burning vesicles about the nose and mouth. Spt. 167.—Swelling of the nose, of the ears, and of the neck, appears to be of rheumatic character.

PAROTID AND SUBMAXILLARY GLANDS.

(Dyscrasic Inflammation.)

Parotitis and inflammation of the sub-maxillary gland (acute and chronic), scrophulous, rheumatic (S. 198, 201, 202).

The glands under the angle of the jaw pain, even without being moved, as if from being pressed and dug into. Swollen, hard parotid and submaxillary glands; swelling of the submaxillary gland, with shooting on swallowing.

TEETH.

(Neuroses and Dyscrasia.)

Odontalgia nervosa (rheumatica), arthritica, cariosa (S. 191, 199, 204—225).

Burning constriction in the right cheek, with pressing pain in the crown of the three upper molares. Feeling as if the gums were squeezed together on both sides. Slow shooting, and at the same time jerks in the cuspidati. Jerks at night into the head, eased by applying the hand; in the roots of the nerves of the hollow teeth; in the nerves from below upwards. Pressure in the external side of the gum of the lower back teeth, at the same time in the axilla; dull, at the same time, in the shoulder. Sharp and dull pain, with musty smell, in the mouth. Pain in the upper teeth, as if they would be drawn in by the roots into

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their sockets; feeling as if a tenacious body were between them. Feeling compounded of cutting and soreness. Intolerable burning pain, as of excoriation, in the gum to the root of the back teeth, compelling the patient to sit up, with feeling of heat in the body, and particularly about the head, with sweat on the forehead. Cutting beating pain in that portion of the palate where the teeth terminate, as if from ulceration; contact occasions a pricking, as from an ulcer. Pressure in the inner gums of the fore teeth, and in the periosteum of the sockets, shifting to and fro. Looseness, painful creeping, like a digging with a needle. Pain merely on biting and chewing, as if too long and loose, yet do they not shake, and they do not pain on being felt. Toothache, first in the hollow teeth, which are longer and looser, then in the upper ones shooting and creeping. Cold and warm drinks touching with the tongue give pain. Visible shaking, even when not chewing. The gums separate from the shaking teeth; they can be separated from these teeth and touched without pain, except when the teeth themselves are painful.

MOUTH, TONGUE, SALIVARY GLANDS, &c.

Symptoms of nervous (febrile) and catarrhal affections (S. 226—234, 236).

Accumulation of water in the mouth, of a saltish taste. Dribbling from the mouth during sleep; he must often spit out much saliva and tough mucus. Something comes up from the stomach therewith which tastes sour, hawking up of mucus in the morning, on rinsing the mouth out it is worse; in the morning saltish mucus on the tongue. Tongue not coated, dry, exciting one to drink. Feeling of dryness on the point of the tongue, unallayed by drinking, much mucus in the mouth without taste.

THROAT, PHARYNX, &c.

Symptoms of paralysis of the pharynx, of nervous (febrile) and catarrhal states of the pharyngeal mucous membrane and angina tonsillaris (S. 235, 236, 246—254).

Feeling of dryness in the throat; thirst; tough mucus in the throat, disappearing after a little hawking, leaving behind some roughness. Feeling of swelling with pain as of bruise, with or without talking; on swallowing, hiccoughing, yawning, especially on empty swallowing there is pressing pain; pressive pain as of swelling with shooting, as if something pointed (a needle) had stuck in. Cannot drink, chokes at each drink; there is, as it were, inactivity or torpor of the epiglottis (?) with feeling of dryness in the throat. Throbbing at the back part of

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pharynx, violent shoots, beginning dull, ending pointed and sharp, in the region of the epiglottis, when not swallowing, dispelled on swallowing. On swallowing shoots, when the throat is dry, pressure when it is moist. Feeling in the left tonsil as of roughness, and excoriation on swallowing.

STOMACH, GASTRIC AFFECTIONS, APPETITE, &c.

(Neuroses.)

Affections of the ganglia; cardialgia.

(Diseases of the Blood.)

(*a*) Asthenic affections of the mucous membrane in the form of gastric catarrh (status gastrico-pituitosus), idiopathic and symptomatic.

(*b*) States of decomposition; symptomatic appearances in typhus, putrid and similar states (the perforating ulcer of the stomach?). (S. 255—349, 355.)

Putrid taste after eating and waking, without bad smell of the mouth; greasy in the mouth, but food tastes properly; as if after putrid meat; putrid, slimy, insipid; bread tastes rough, dry, scurfy, bitterish; beer does not taste; bitter taste in the morning, going away after eating; bread and acids taste bitter. After the use of milk acid at the stomach.

Appetite.—Repugnance to bread, meat, broth, eating in general, several times a day; desire for cold milk. Full after wine, repugnance therefore with weight in the head; disinclination to coffee, tobacco; but no loathing at them. Sudden appetite for dainties. Entire loss of appetite; becomes immediately satisfied and yet there is hunger; with emptiness in the stomach and violent hunger. Weight in the abdomen, which seems quite empty, with hunger; in the morning hunger going away at table, yet eating does not gratify; as if hunger attacked the chest; fulness under the sternum, as if the appetite had gone for ever. Stomach constantly as if full; tolerable relish for food but no appetite. Loathing with shuddering and nausea, with shivering over the whole body without chilliness; squeamishness and vomiturition in the morning as if in the chest. Nausea as if in the throat; in the chest with craving hunger, disappearing on eating; in the stomach with squeamishness in the chest, increased on stooping or after eating and drinking.

Eructations and fulness after moderate eating; craving hunger, soapy taste in the mouth, all tastes like straw, with eructation, appetite immediately goes away, with fulness after eating; creeping in the mouth, and terrible eructations, relieved by lying down, returning on rising up again. Empty eructation after eating and drinking; in the

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evening violent eructations of air, then hiccough; eructation from the stomach losing itself in the chest, as if it would remain there; after eating, as if burning; after eating, giddy, uneasy in the stomach with distension; immense and sudden weakness in the head, with giddiness and tendency to fall forwards, headache, toothache, cough, weariness, extraordinary somnolence; headache after drinking beer; feeling as of heat; shuddering after eating. Pressure in the stomach, as after something indigestible; pinching in the abdomen; pressing, drawing hitherwards in the left hypochondrium, with anxiety, and nausea in the chest; with anxiety going away in the open air. In the evening frequent rising from the epigastrium to the pit of the throat, nearly taking away the breath for the moment. Pressure on the epigastrium as if swollen up, taking away the breath; as if from a large morsel swallowed; oppression as of constriction, as if full and tight; shoots in the epigastrium, in the right hypochondrium; pinching in the epigastrium, and from thence into the abdomen at a small place; violent throbbing in the epigastrium; pain in the stomach, as of a lump after eating; under the diaphragm, above the stomach, a painful pinching, then deeper in the stomach itself; constriction from the right towards the stomach; pressive shooting in the region of the stomach, preventing a deep breath. Warm and squeamish as if to vomit, giving up on lying down again; straining as if to vomit, at night in sleep; accumulation of saliva with vomiturition to overflowing, and yet hunger.

ABDOMEN, STOOL, ANUS.

(Neuroses.)

Ganglionic and spinal affections, enterodynia, colic, especially the spastic and rheumatic.

(Diseases of the Blood.)

Asthenic affections of the mucous membrane.

(*a*) In the form of catarrh of the intestines, of diarrhœa (also from rheumatic causes), or of catarrhal dysentery.

(*b.*) Or of ulcerative dysentery.

(*c.*) Symptoms of typhoid and putrid affections (S. 350—354, 356—435).

Sense of obstruction or of pressing upwards in the hypochondria with anxiety, as if death were impending, while sitting bent forwards; pressing upwards in the abdomen as if the intestines were raised towards the heart; sense of distension and of heat on the breast while rising after stooping; a pressing in the left side under the ribs; shoots

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from the right towards the stomach. Pain in the abdomen as of a heavy lump; on sitting, pain as if pressed. Pressing on a small place as if wind had become incarcerated, merely on turning, not on being felt. Pinching in the region of the umbilicus, with chilliness running over the upper arm; during sitting with oppression ascending from below upwards; under the ribs, on the right, towards the navel as from worms; with incarcerated flatulence, of which no little passes off, while walking in the open air; almost a twitching pinching in different parts of the abdomen; extraordinary during a natural stool; violent with distension in the region of the navel. Digging pain in the right side of the abdomen; shooting from the navel towards the region of the heart, repeated at each pulsation; over the navel. Drawing from the umbilicus to the mons veneris. Pain as of bruise under the navel; visible constriction in the middle of the abdomen, across the umbilicus, so that the abdomen under and above this constricted band feels distended, hard and rigid. Spasmodic drawing in the region of the navel; cutting in the left side of the navel on expiration, when sitting; spasmodic pains in the right side of the abdomen, early in the morning, when taking a little cold, accompanied with a moaning, desponding, disconsolate mood; first cutting, then shooting towards the right. Colic composed of cutting, tearing, pinching, without much flatulence and distension, affecting the whole intestines, worse on moving, better when at rest. Painful distension with colic. Painful distension with colic, as from incarcerated flatulence, soon after a meal. Scarlet redness, four fingers broad, under the navel. Distension of the abdomen with fermentation, very stinking flatus. Burning in the abdomen with thirst; digging up and writhing colic, as if a worm was moving itself; drawing to the left on fetching a breath; crackling and rumbling, with shocks to the mons veneris. Fulness and fermentation with hunger, going away after a meal; jerks from flatulence; pressure; jerks and pinching; while walking the interior of the abdomen feels lax, and it shakes at every step. In the morning on stretching the abdomen feels sore, and the integuments too short. In the right side of the abdomen drawing pressure, and in the skin of the abdomen feeling as if covered with a spider's web; pressing on the mons veneris, with sensation as if stretched. Drawing across the inguinal ring when sitting; tension with shooting; tension from within outwards in the left groin, as if from a hernia; weight as if a tumor were hanging down; pressing outwards with crackling and rumbling in the abdomen; constriction in the left groin, so that he must walk bent forwards. On the mons veneris two red, round spots, from blisters that have burst. In the middle of the abdomen, before noon, cutting, frequent stool, of natural appearance; lessened by bending forwards, increased on walking. Constant pressure to stool, with nausea and tearing in the bowels,

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without evacuation, or only of a little watery matter; with strong pinching and digging up in the adomen, accompanied with sudden expulsion of frequent stools, mingled with flatulence, excessively fœtid, first thick, afterwards watery. After evacuation remission of the pains, which, however, soon return to excite new stools; diarrhœa several times an hour; for sixty hours stools mixed with blood; with mucus red and yellow, as of gelatinous matter, and liquid; sudden, loose, yellow, frothy stools, inodorous, without pain, the first drops passing involuntarily, as in paralysis of the sphincter; stools consistent but very soft, whitish yellow; before each, burning in the rectum, afterwards, pressure, tenesmus. The child shrieks before each stool, is quiet after; four normal stools one after the other. Diarrhœa as of gelatinous matter, seven times, yellow and streaked with white, without colic; stool as if chopped, quite white, not too soft, not too hard, somewhat bloody. Constipation after a soft stool, hæmorrhoids, paining as if sore, protruding, blind hæmorrhoids. Independently of stool pain as of soreness at the anus; drawing down the back and tension, and pressing in the rectum as if all was coming away; creeping as of ascarides; jerks deep in the rectum; in the anus as from piles.

PELVIS, GENITALS, MALE—FEMALE.

(*Neuroses.*)

Paralytic incontinence of urine, nocturnal (S. 438, 439, generally symptomatic of paralysis of the spine, &c.).

Must make water every five minutes in the day. Copious emission of urine; must get up three times at night.

Pollutio nocturna (S. 469—472). Violent erection with frequent desire to make water; at nights; irresistible excitement to ejaculation of semen; strong at night.

(*Affections of the Blood.*)

Asthenic states of the mucous membrane of the bladder in the form of catarrh, and as a symptom of deeper affections of the nutrition (albuminaria, Bright's disease). (S. 436, 437, 442, 448, 466, 467.)

Burning pain behind, at the root of the urethra, on making water on straining to micturate, shoots in the bladder on both sides; strong smarting in the anterior part of the urethra, during and after micturition, at rest rather than in walking; in the morning swelling of the glands with simple pain on being felt; at the same time smarting in the urethra during and after micturition; water hot; dark coloured

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turbid, when he makes it; soon becoming turbid; whitish and muddy; always whitish and muddy the longer he urinates, the last drops turbid as if flocks; like water with a snow-white deposit (double stream).

Exudation *a*): dropsical, œdema scroti et præputii: (*b*) exanthematic, erysipelas bullosum, miliaria, herpes (S. 451—468).

Frightful eruption on the parts of generation; swelling of the urethra; moist eruption on the scrotum, with swelling of the prepuce and glans; rigidity and swelling of the genitals; tympanitic, hard, thick, especially of the scrotum, with much itching; dark, scarlet redness, from the scrotum downwards, without swelling, becoming streaky in the middle of the thigh; miliary rash on the scrotum, moist; red spots on the inside of the prepuce, near the frœnum. Pain of the glans on account of paraphimosis; dark prepuce; humid vesicle on the glans; a great vesicle under the prepuce on the glans, which burst the following day; swelling of the prepuce close to its union with the glans; shooting itching within the prepuce.

(*Consensual symptoms?*) Pain of the inguinal glans, merely at night in bed, on turning and rising up, (449); in the left testicle a cutting drawing.

Hæmorrhage from the uterus; premature menses; metrorrhagia. (S. 473—482).*

Violent pains, as if the catamenia were about to commence immediately, deep in the abdomen; shoots in the vagina, not increased on touch; pain of excoriation soon after being felt. Hæmorrhage from the uterus; without pain in a pregnant female. Return of the menses, which had been long suppressed, they flow strongly; violent smarting as they flow from the genitals.

Curative action.—The catamenia cease suddenly to flow.

MUCOUS MEMBRANE OF THE NOSE.

Catarrh of the nose. Coryza with asthenic character (S. 483, 484, 488, 490, 492).

Sneezing; violent, frequent, very frequent, nearly spasmodic; the mucous flows in quantity involuntarily from the nose, as in the most severe cold, in the morning, and yet he has no cold. (Nose obstructed, worse in the room). Coryza and cough, with expectoration.

* The recommendation against menostasia, to which the element of chill could alone give any countenance, is uncertain; that against metritis is not borne out; that against putrescentra uteri, on general grounds, is hypothetical.

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LARYNX AND TRACHEA.

(S. 485—488, 491, 492, 517, 521, 522.)

(Neuroses.)

Spasmodic cough.

(Affection of the Blood.)

Catarrh with asthenic character, œdema glottidis. Influenza, chronic catarrh with bronchiectasis. Chronic hoarseness. Compare symptoms of the lungs.

Hoarseness, deep in the windpipe; scraping, rough feeling, in the larynx, causing hoarseness. A roughness in the throat and in the windpipe, as if the chest were sore and raw, causing cough. Tickling irritation in the windpipe, as if to cough, shortening the breath, going away on moderate movement. Tickling cough, occasioning dryness of the throat, in the evening; in the pit of the throat. Sensation in the throat-pit as if the trachea were stopped up and constricted, passing off for a time after eating and drinking, but soon returning. Feeling of coldness in the throat on expiration, as if the breath was passing out cool. Ascension of a hot vapour (from the lungs).

EXTERNAL CHEST.

(S. 499—501, 844).

(Affections of the Blood.)

Exudations, consequences of suppressed secretion of milk.

Itching in the breasts; itching in the left nipple; milk leaves the breasts; papular eruption on the right side of the breast, half way round the back, painful as if sore and excoriated, with four stitches from within outwards.

PLEURÆ AND LUNGS.

(S. 494, 502—516, 518—520, 523—543, 548—552.)

(Neuroses.)

Rheumatalgia, pleuritica (but not against pleurisy).

(Affections of the Blood.)

(*a*) Inflammations with nervous, asthenic or putrid character; pneumonia nervosa in the stage of hepatisation, with impending œdema of the lungs, and the effects of infiltration, asthma, &c.

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(*b*) Hæmorrhages; pneumorrhagia, cough with hæmoptysis in asthenic, tuberculous subjects, and the consequences of hæmoptoic deposits—asthma.

(*c*) Emphysema.

(*d*) Hydrothorax after eruptions. Endocarditis, rheumatica, &c.

Deep shoots on both sides of the sternum; fine shoots, oppression on the sternum, causing dyspnœa, with constant short cough, without expectoration. Constriction on the sternum, with shooting jerks therein. Pain, as if something was pressing on the sternum. Oppression on the chest, as if after crying; of the cavity of the chest; pressing. Oppressed and anxious, as if one could not fetch a breath; with shoots especially on breathing. Constriction of the chest, with squeamishness and nausea; tension, quite short breath and weakness in all the limbs; unpleasant with cough; short breathing, especially on going to stool; cannot sit, must fetch a deep breath, as if to choke, especially after each meal. Dyspnœa, after walking; scraping and burning feeling on the chest, even independently of respiration. Slow drawing down the chest, not during respiration. Weakness, talking is troublesome. After walking in the open air sense of fulness, therewith hunger, without appetite; on the chest, as if without feeling, (numb and stiff) hooping cough, with shaking in the chest, in the head, as if all were loose there. Dry cough, with shooting in one loin before midnight—violent, most so on waking, with black sticky expectoration; in the open air; very oppressive, with white mucus, day and night; short, anxious, painful, waking one up before midnight from sleep, with very short breathing. On coughing general sweat, pain in the stomach, vomiting of food; little sleep from his troubles. Taste of blood in the mouth, without hæmoptysis. Retching nausea under the short ribs, tightening the breath. Frequent hawking, with bitter taste in the mouth and throat, in the evening, and morning till getting up. Unpleasant feeling of heat in the chest on walking in the open air. Frequent stitches in the side on walking in the open air; violent and throbbing, with crying out, when sitting; tearing from the right breast to the left side of the abdomen; boring in one of the lowest ribs, on speaking and deep inspiration; violent in the left side under the ribs. Boring pain in the left, in the evening. Swelling and painfulness of the left side from the axilla below the ribs.

HEART.

(S. 547, 548. Many symptoms cited as belonging to the pleuræ and lungs, should have their place here).

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(*Neuroses.*)

Spasmodic heart affections reflected from the spinal marrow.

(*Affections of the Blood.*)

Symptoms of hydrops, pericardii, and endocardii, after rheumatic affection.*

Unpleasant feeling of weakness in the heart; trembling of the heart; palpitation, when sitting, so violent that the body moves at each stroke of the pulse.

BACK, NAPE, SHOULDER-BLADES, SACRUM, &c.

S. 553—592).

(*Neuroses.*)

(*a*) Spinal irritation with asthenia.
(*b*) Paralysis of the spinal marrow.
(*c*) Rheumatalgia of the muscles of the back.
(*d*) Neuralgic pains from over exerting the muscles of the back.
(*e*) Ischias.

(*Affections of the Blood.*)

(*a*) Coxalgia.
(*b*) Rachitic affections of the bones.
(*c*) Gouty affections.

Compare also the symptoms of the extremities and skin which follow.

Nape of the neck feels sore on movement, as if stiff and tense. Itching shooting, like flea bites, in the nape of the neck. Pressure in the muscles of the neck on bending the head forward, in the upper part of the neck; the place feels numb. Drawing over the side of the neck on stooping. Rheumatic stiffness of the whole neck, so that on moving the head he cries out loudly. Pain in the nape of the neck as of a heavy weight like lead, preventing lying down. Itching on the neck, and on the forearms. The left shoulder feels as if paralysed; tensive cutting all over the shoulder-blade; a rolling, twitching, and

* In organic affections of the heart, diseases of the valves, hypertrophy, &c., Rhus may be of some service altogether symptomatically, but only the above-named affections appear to us to suit Rhus, particularly the neuroses.

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constriction in some parts of the left scapula, and over the right knee; pain as from strong pressure with the finger on the left scapula; constriction of the skin over it; twitching on the side of the same; drawing from below upward, and pressure under the left scapula in the side of spine; drawing and pressure under the right scapula, confining the breath. Tearing between both shoulders, and constriction of both sides. Violent rheumatic pain between the scapula, affected neither by movement nor by rest, relieved only by heat, increased by cold.

Shooting in the back; pressive, more when walking; also on stooping, yet more on rising up again; in the evening drawing in the back, must sit upright; disappears on walking. Constriction as if bound by a cord in the muscles of the back, less on leaning back, increased on bending forward. The loins feel sore while sitting, as if after stooping and bending of the back too violently. Pain as if bruised in the loins on lying or sitting still, not on movement; stiffness on movement; shooting jerks; on being grasped pain as if the flesh were beaten loose in the loins. On the right side of the lumbar vertebræ, and on the loins as if bruised. Pressure as from the sharp edge of a knife when standing and bending backwards. Below in the loins, on the right, a burning spot. Weight and pressure as from a blow. Drawing, jerking shoots in the coccyx as with a needle. Tearing and drawing from the hip to the knee. On lying on the side pain as of soreness on the hip, and of the loins when lying on the back.

EXTREMITIES.

(UPPER AND LOWER LIMBS, THE JOINTS.)

(S. 593—756, 766, 768, 773, 795).

(*Neuroses.*)

(*a*) Spinal irritation.
(*b*) Debility and palsy of the upper and lower extremities.
(*c*) Rheumatalgia.
(*d*) Neuralgic pains from over exertion, strains or sprains.

(*Affections of the Blood.*)

(*a*) Rachitic affections of the bones (caries).
(*b*) Gouty affections (of the joints).

Compare also the skin symptoms.

Pressure on the right axilla, on the clavicle. From the axilla to the hand a feeling as if something rolled neither warm nor cold. Drawing under the armpit to the middle of the upper arm on lifting the arm. Swelling of the axillary glands, painful even when not touched.

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Tearing in the axillary joint and in the upper part of the scapula; in both upper arms, worse when at work, during which the arms sink down; on pressing thereon pain as of soreness in the bones; tearing in all the finger-joints; violent in the arm, most violent on lying still. Drawing and tearing from the elbow-joint to the wrist; jerks in both, even during rest; in the thigh, a little above the knee. Tearing and drawing in the right groin down the thigh; from the hip to the knee; from the knee to the ankle; tearing in the knee and the tarsal joints, more when at rest; in the middle and outer part of the thigh when sitting, disappearing on movement.

Pressure in both hip-joints at each step, and as if there was paralysis of the muscles of the thigh. Continued pressing pain in the sole of the foot, near the ball; on the right tibia, afterwards burning; crampish on the left tibia, while bending the knee, then burning and on the right thigh under the groin on one spot while sitting. Drawing shoots down the arms from the shoulders; fever in the limbs. Shooting, in the axilla, while lying, ceasing on movement; in the joints, when at rest, not on being handled, tearing in the left wrist; on the tibia with weakness; boring in the upper arm, thigh; violent in the right upper arm, as if it came from without; shoots as of needles in the left arm, soles of the feet, heels; burning under the left armpit, on the arms, back of the foot, between the toes; shoots on the back of the index finger in the tendons; in the fingers, in the thigh outwards; from the great toe to the middle of the left breast; in the ham-strings on violent movement; rising from seat, and handling; over the knee; in the left ankle-joints, and tendo achillis, as if with knives; in the outer ankle of the left foot; under the knee; on the inner side of both knees, shifting from one to the other; on the outer part of the ankle; in the heel, while sitting, after walking in the open air; while resting on the foot; by jerks in the diseased ball of the great toe, as if a boil was going to break out, in the evening shooting in it, fine in the toes; shooting outwards on the side of the knee; crampish in the ankle at the knuckle.

Jerking feeling in the left arm; involuntary painless jerking in of both thumbs; in the thigh with trembling of the knees; in the calves. On crossing the feet feeling as of vibration in the shanks of the tibia, compelling him to move the legs here and there. Feeling as if hot water ran through the arms; in the points of the fingers; (in a warm room) as if distended with blood, while the back of the hands are cold.

Drawing in the right buttock, immediately under the sacrum, disappearing. when pressure is made over it: in the knee; in the os femoris, compelling the patient to bend double; while standing up; in the ankle; upwards in the heels; burning drawing pressure in the great toe, with heat; drawing and tension in the right hip, in the calf, makes the foot restless; paralytic feeling while sitting; crampish drawing in the left elbow joint, on movement; in the right buttock; (crampish

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drawing of the finger;) crampish constriction on the inner side of the sole, while stretching out and bending the foot upwards it abates; of the toes; spasmodic drawing up in the left calf to the ham.

Tension in the left upper arm in the open air; in the elbow-joint, while stretching out the arm, with difficulty in elevating it; in the hip joint while sitting; in the groin, as if the skin would not yield; on the back side of the thigh; drawing down the left thigh from the joint; in the knee, as if too short; in the knee-joint; in the calves, the ham strings as if too short; in the feet, with weight; while sitting, while walking, tired; with pressure in the soles; with shoots, and as if the skin was stretched up, in the calves. Tension with stretching of the ham-strings, exciting restlessness in the feet, with crawling. A painful throbbing in the left elbow. Beating and throbbing on the dorsum of the foot. Itching, burning, from the left elbow, obliging one to scratch, going away afterwards; violent in the hands; shooting in the left calf; in the ball of the left great toe; on the left ankle, and over the dorsum of the foot; violent (on drawing off the stockings) in the region of the ham-strings; scratching is painful. Burning, gnawing, in the right forearm, in the flesh between the thumb and the left index finger.

Digging pain in the bones in the left forearm, during movement, and jerking in the right carpus. Stiffness of the whole forearm, of the finger, in the knees and feet. Disposition to stretch out the legs. As if bruised. Feeling of powerlessness in the forearm, in the fingers on movement; pain as of a sprain in the left carpus in the act of grasping any thing. In the upper part of the left carpus feeling as if sprained; in the upper part of the right thigh, inwardly to the groin, a pain like what is felt in a strain or sprain of the wrist; the foot feels as if sprained in the morning when stepping on it. Bruised pain and drawing in the thigh. Feeling in the left upper arm as if rubbed with woollen cloths, or as if it had been scraped with a knife, with a cold sensation in it. Coldness; cold sensation in the carpus, which has the natural warmth to the feel, as if a cold wind were blowing upon it, also on the left tibia.

In the evening in the bad leg a pain for half an hour, throbbing and creeping, with a cramp-like pain, as in a whitlow, increased by motion, but worst under the touch. Cramp-like pain in the left buttock and thigh; in the calf while sitting, going away on rising up; in the calf after midnight when lying in bed, after walking, while sitting, going away while bending the leg.

Trembling of the arm during moderate movement of the arm and leg. Deadness and numbness of the foot, with feeling as if it were made of wood. When stepping the heels feel as if swollen. The limbs, lain upon, go to sleep. The left index finger goes to sleep; index and middle finger numb. Creeping and numbness in the finger points; creeping and gnawing in the metacarpal joints of the fingers, in the feet. Buzzing in the knees and hams. While walking, weak in the

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legs, heavy and bruised, which goes away after sitting; the legs are tired, as after a long walk; painfully tired in the legs while sitting, which goes away on walking; in the feet at the same time going upwards is difficult, as if one had been running much; as if the blood sank down into them; as if the legs were paralysed; as if a hundred weight were pressing on the hams and calves, with difficulty to bring the feet forwards.

Heaviness in the legs, extending from above the knee to the lower tarsal joint, making it difficult for her to stand; this heaviness diminishes when walking, and is not felt on sitting. Cannot advance for stiffness. Staggering towards the right. Paralysis of the lower extremities.

The fingers move with pain on account of swelling. The back of the head smarts and is hot; the skin is hard, rough and stiff. Hot swelling of the hands and of the face. Erysipelas, swelling, and pustules, with burning and itching on the arms and hands. Pain and swelling of the arms. Discrete, small, round, red spots on the forearm. Vesicles on the right wrist, on a blood red ground, always increasing from the size of a kneedle's head to that of a pea, which collectively appear to form a thick cluster, and appear shining and brown from the desicated moisture which exudes from the vesicles as clear water. A number of vesicles in the form of a bracelet, four fingers broad, round the wrist, exuding clear water. Hard pimples on the hand, with shooting, gnawing, itching. Inflamed blotch on the middle joint of the ring finger, with itching burning pain, sometimes passing over into a slow stitch; cannot be removed by friction and scratching. Pimples on the inner side of the wrist, and on the cheeks, resembling itch, which burn and itch and smart when scratched. Feeling of heat in the left foot. A red very hot spot with burning pain on the right hip, swelling of the feet, painless on being handled. Burning point at the inside of the right thigh near the testicle. Red, burning spots and streaks on the inner side of both knees, with small vesicles which soon dried up. Small red spots on the ball of the foot. Recurrence of the chilblains of the previous year, with burning throbbing; when not scratching there is pricking, after scratching, blotches. The corns smart and burn.

A cracking for several hours in the right hand, between the thumb; in the outer side of the calf. Pinching on the back of the finger, on the outer part of the arm and on the head.

SKIN.

(S. 757—759, 761—764, 772, 774—788).

(*Neuroses.*)

Neuralgic affections, dependent on spinal diseases.

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(*Affections of the Blood.*)

Exudation-formations, (*a*) dropsical; anasarca, (after exanthemata, especially the dyscrasic).

(*b*) Exanthematic; (1) dyscrasic, psoriasis, impetigo, herpes, especially of the face, tinea, lepra, gutta rosacea, rhagades, verrucæ:

(2) putrid; petechiæ, morbus maculosus, carbunculus, pustula maligna, perniones; (3) albuminous, erysipelas bullosum and pustulosum; scārlatina, morbilli, variola, variolois, urticaria, pemphigus; all with nervous symptoms and disposition to decomposition of the blood.

Swellings (encephalæmatoma).

Ulcera phagedœnica, gangrœnosa.

Creepings in the face, spine, sternum. Itching burning here and there; over the whole body, especially on the hairy parts; upon the head. Swelling of the hands and feet. A wound became inflamed and was set with small vesicles containing a milky fluid; some with a transparent fluid became confluent and desquamate. Eruption like nettle-rash. Burning eruption of small vesicles filled with water. Redness of the skin over the whole body, excepting the scalp, the skin of the palms and soles. Very painful violently burning itching eruption, especially on the scrotum, the prepuce, the eyelids, the eyes, (with swelling,) consisting of small yellowish vesicles, which run together and become moist, some as large as a lentil on the arms and loins, on being scratched getting very hot. Slow suppuration of many of these pustules, they have a red areola, are broader, heal slowly; the smaller ones dry up more rapidly and desquamate. Red spots of the size of the largest lentils, with small vesicles in the middle; on being touched by the juice two black spots on the index finger in an hour's time; twenty-five days after violent burning in the mouth and throat; speedy swelling of the left cheek, upper lip and eyelid; the night after great swelling of the forearm, skin becomes leathery, intolerable itching, great heat. After four days pustules on the hands and forearms, which burst and exude a clear moisture. Black pustules with inflammation and itching overspread the body in a short time. A black spot on the part touched with the juice. Scurfs over the whole body. The skin is made red by the juice, and like tanned leather; after some days desquamation. Creeping pains in the ulcers; smarting pain in the ulcers, as from salt, merely at night; in the day merely on going into the open air; shoots in the neighbourhood of the scurf; pain as of bruise in the ulcers; burning smarting therein, with weeping and moaning.

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Compare here the exanthematic symptoms occurring in other places.

SLEEP SYMPTOMS.

(S. 817—876.)

Agrypnia and sopor, generally symptomatic phenomena; compare specially febrile states.

Yawning; in the morning frequent; as if sleepy; violent and spasmodic with danger of spraining the maxillary joint. Sleepiness in the day, even in the morning. Anxiety, restlessness, melancholy, dry lips; while sitting after walking. Disposition to lie down, weak and weary; cannot remain out of bed; on sitting up nausea. In the evening sleep suddenly comes on, not to be shaken off, all the limbs as if paralysed. Somnolent state, full of tiresome uninterrupted dreams. Late going to sleep and tossing about in bed. Great nocturnal restlessness; sleeplessness till midnight, with or without sweat; without heat; four nights cannot remain in bed. Cannot go to sleep; sweat without thirst; for great liveliness, insupportable heat, ebullition of blood, without thirst, throbbing. Appearances like thick clouds before the eyes; after midnight quiet and sleep. Restless, uninterrupted sleep, with much tossing on account of a burning eruption; tossing about, airing of the bed clothes, uncovering one's self, with nausea; full of vexations, unpleasant conceits and thoughts. On going to sleep pressure at the stomach, preventing sleep; dreams anxiously of business. Talking in sleep, in the evening, loud, half aloud, about the stories of the day, of business; will toss off every thing; longs after this and that; in the morning does not sleep again, and when he does, lively dreams of being awake, as if he had not slept. No sound sleep after midnight; restless tossing on account of unpleasant burning over the whole body, without thirst, with dreams full of anxious troubles and impulses. Dreadful shocks on going to sleep, as if he had let something fall. Jerking starts during the forenoon sleep. During the day's sleep restlessness, movements of the hands in sleep here and there, and playing with the fingers and hands. Loud crying in sleep. Sleep with open mouth. Anxiety at night, he would escape from the bed, seek help, on account of an indescribably unpleasant feeling. Great timidity at night, cannot remain in bed, as if something drove him out. Breath short, loud and thick, inspiration inaudible. Must lie on his back at nights. Unpleasant heat, without thirst. Frequent waking up at night on account of a nasty bitter taste, with dryness, in the mouth; thirst without desire to drink, with slimy mouth. Waking about midnight, on account of violent, pinching, digging up pain in the abdomen, with prostration and emptiness at epigastrium, and retching, which soon passes off. Dreams

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of circumstances thought of in the evening, or heard or transacted; of the accomplishment of projected ideas; of fire; fearful with palpitation while waking. After getting up confused in the head; on waking with convulsive movements of the limbs, shrieks on account of a tremendous headache, proceeding from a feeling of forcible drawing of the limbs; very vexatious, irritable mood on waking.

FEBRILE STATES.

(S. 878—942.)

(Equal participation in nervous and sanguineous affections).

(*a*) Intermittent fever.

(*b*) Fever with decomposition of the blood and affection of the nerves; typhus (stupidus and versatilis); F. putrida; F. pyœmica (especially in puerperal fever, tuberculosis).

(*c*) Symptomatic fever with nervous (typhus) phenomena with local affections, especially catarrhal, rheumatic, exanthematic fevers of this nature.

Shuddering on rising in the morning; in the back. Sensibility to the open, cool air, it even produces pain on the skin, although there is no repugnance to it: cannot get warm in cold air however much wrapped up. Chilly shivers, with violent thirst, mucus within the lips; feet icy-cold, not to be warmed in the evening in bed, the rest of the body warm. Extremely cold hands and feet the whole day; inward feeling of cold in the limbs, as if they were dead or asleep, but no external cold. Chilliness in the house towards evening; fugitive chills, with dry lips and little thirst and hunger; continual chilliness; in the open air without thirst; shuddering chill on coming out of the open air into the warm room, without thirst; in the evening, in the house, with throbbing toothache and accumulation of saliva, without thirst; in the open air shuddering chilliness, becoming still worse in the warm room, and even at the hot stove, with violent thirst and ceasing of the flow of saliva; the chilliness loses itself only in bed, though the thirst remains, then stupid sleep, with tightness and confusion of head, going away after rising. In the evening external cold and chilliness, without shivering, no coldness to the feeling, not cold inwardly, can bear cold drinks; immediately after lying down external heat, without thirst; moist mouth, dry lips. About midnight some moisture on the skin during a half slumber, afterwards sweat in the face, hairy scalp, neck to the chest. Shuddering and heat at the same time, without thirst, after taking a walk, then somewhat warmer. Sweat over the whole skin,

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especially in the palms of the hands. Inwardly hot, outwardly cold, warm to the feeling, and without particular thirst; coffee increases the heat. Pinching cold in the feet, between the shoulders, then much outward heat, burning in the left arm, and on the left side of the upper part of the body, with redness of cheeks.

In the evening chilliness and heat, the face seems hot, but the cheeks are pale and cold to the feel. The breath comes hot out of the mouth. Fever with convulsions, and evening fever with diarrhœa, chilliness, then in bed for several hours dry heat, with much thirst, cutting in the abdomen as with knives, diarrhœa in the heat, then sleep, then again diarrhœa. On the following evening diarrhœa again, chilliness for one hour through all the limbs, without thirst; then dry heat, heat with violent sweat, three hours long with thirst; merely mucous diarrhœa, with violent cuttings in the bowels, tenesmus, headache, pressing from both temples towards the mesian line, congestion of blood and heat in the head. In the forenoon sleepy weariness, yawning, as if before going to sleep, while walking, with anxiety; stool, with cutting; immense heat in the whole body, without thirst; shuddering, as after warm water had been poured down, or as if hot blood were in the vessels and head, and as if the head were pressed down, obliging him to stoop, with throbbing headache; in the evening chilliness, as if cold water were being poured over him, or as if cold blood were in the vessels; after lying down and being covered up, heat; at night drawing in the spine between the shoulders, and in the limbs, as if he should stretch himself constantly. Early in the morning sweat. Towards mid-day febrile chilliness in all the limbs, with headache and giddiness; in the evening chilliness again; he has to lie down; at night sleeplessness, giddiness, and sweat. In the afternoon stretching in all the limbs, shuddering, thirst, with cold hands, heat and redness of the face; in the evening in bed shivering; in the morning moisture over the whole body, with pressure over the temples; in the afternoon general warmth, with heat of the head, both internal and external, and shuddering, without thirst; stretching, drawing weakness, in the limbs. Headache, as if the head felt oppressed and the sides of the occiput were pressed together; violent cough, with short breathing and pain in the throat, as if the tonsils were swollen; towards morning the whole body was covered with a slight moisture. Heat on the left side, cold on the right side, without chilliness; heat on the other parts of the body; over the head and back chilliness. Cold shivering through the sweat, with cramps in the abdomen at night in bed. Inclines to vomit, with heat of the head and hands, and chilliness of the rest of the body; afterwards chilliness all over after retching. She feels hot to herself and others, with distended veins, and a weakness which compels her to support herself. Violent thirst; the day after shuddering over the upper part of the body, especially the arms. Heat in the face and

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fingers, with chills in the scapula, without thirst. In the evening inward heat in the forehead and head, extreme heat in the hands, with dull headache. Heat and sweat after and while walking in the open air. Violent burning in the skin, with twitches; general sweat; cough. Sweat over the whole body, not in the (hot) face—in the morning gentle, round the neck, all over the body with the exception of the head, without smell, acrid, sour, without producing weakness, on both legs, at night, in the morning, daily, with cold sweaty cheeks. Heat and great thirst; thirst, especially in the morning, at night, strong, for water or beer. Absence of thirst. Pulse slow, sometimes irregular, quick.

PSYCHICAL STATES.

(S. 943—976).

(DEPRESSED STATES.)

(*a*) Melancholia.
(*b*) Hypochondriasis. Amentia.
(*c*) Stupidity.
(*d*) Amnesia.

For the citation of the particular states see above A, where also what remains further to state about the general appearances, state of the strength, &c., are contained.

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III.

EXAMPLE

FOR THE

COMPARISON OF MEDICINES

WITH ONE ANOTHER.

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EXAMPLE, ETC.

In the study of the other medicines we must proceed in the same way as we have done with the preceding; with constant reference, however, to the medicines already known, and continually comparing the general points of view, the characteristic elements, and the special clinical indications. On obtaining in this way a general view of the chief spheres of action of the medicines, of Pharmacodynamics in general, we shall possess, without further trouble, a system of special therapeutics, for in each particular case a series of medicines will clearly appear to be suitable. C. Hering compares the study of the Materia Medica with that of the natural sciences.

"The Zoologist knows each new animal as such, can at the same time determine to what relationship it belongs, and give its characteristics."

"Botanists need give themselves very little trouble in acquiring a knowledge of new plants. They do it by ascertaining the similarities and differences, and always with greater ease as they proceed."—(A. a. O. S. 94, 96.)

This comparison of individual medicines extends itself naturally to similarities and differences at the same time, since in reference to the firmly fixed indications and delicate determinations of homœopathic treatment, the former would be of no use without the latter.

If it is of importance to compare opposite remedies, as for instance, Bryony and Rhus, which are positive antagonists, it is not less so to compare allied remedies; indeed it is specially important, for a more subtle analysis must here be employed. We can in this way come upon the different sides of a remedy; we shall find that, however, much they

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may in most points agree, yet that one or the other presents such a difference, that the recomposition of the whole produces a new sharply defined individuality. The field of Pharmacodynamics will in this way be carefully ploughed up, repetition gives firmness of grasp, and comparison sharpens the sight. If we take, for example, Bryony, whose actions we have learned, and imagine to ourselves that the learner has jumped on some stages, where he is already at home in the Materia Medica, a comparative review of the analogues of Bryonia will be of great use. (We omit here the comparison of Bryonia and of Rhus, which may be almost spontaneously made from the very minute characteristics given above, for the sake of avoiding needless repetition.)

In the Materia Medica of Noack and Trinks a long list of the medicines related to Bryony is cited, which show naturally a higher or lower degree of agreement. To this class belong (1) Aconit., Ammon., Ammon. muriat., Berberis, Chin., Clemat., Colocynth, Led., Lycop., Mercur., Phosph., Puls., Rhus, Senega, Squill. (2) Alum., Arn., Ars., Baryt., Bell., Boyist., Cham., Cin., Coff., Dros., Dulc., Graph., Hep. sulph., Ignat., Kal., Lach., Magnes., Moschus, Mur. ac., Nux v., Op., Ran. bulb., Rheum., Ruta, Stram., Sulph., Thuj., Verat. (3) Calc., Caps., Nit. ac., Selen.

We are about to compare the first named eight of these medicines with Bryony to make ourselves aware of this relationship, and in this way to reflect a clearer light on the individual medicines themselves.

Aconite has in common with Bryony the action on the vascular system, the mucous, serous, and fibrous membranes, the external skin, the secretions of the liver and gall-bladder, the lungs, the urinary and sexual organs, the muscles, the articular apparatus, the periosteum, and on the nervous system of the sensational sphere. It affects likewise the circulation, and induces plastic consequences, which constitutes it the most powerful medicine in fever and inflammation.

The pains which Aconite induces are drawing, drawing-tearing, shooting, pains like those from a bruise, especially

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of the joints; it causes besides weakness, faintness, &c. The sufferings become worse in the evening and in the open air.

The special cases in which Aconite and Bryony are employed run much together. These are congestions, hæmorrhages, (nose, lungs, rectum, uterus,) inflammations, (of the eyes, intestines, respiratory organs, serous fibrous membranes, mucous membranes,) muscular and articular rheumatism, acute and chronic gout, spinal irritation, neuralgias of particular nerves, exanthematic fever, (roseola, morbilli, miliaria, variola,) catarrh, rheumatic, typhus fever, intermittent fever, bilious states, (fright and vexation, icterus,) hepatic affections, &c.; and consequently both medicines differ in this, that in Aconite the arterial, sthenic character predominates, every thing bears the stamp of the active, synochal, stormy; whilst Bryonia answers more to venous and irritable, mixed with sensitive, erethistic states. Aconite is, to speak for once after the manner of Vogt, the male, Bryony the female principle of the circulation. The former consequently requires the full strength, the first, forcible, determined onslaught of inflammations, fevers, and similar states; the latter suits rather the resultant and transitionary states.

Ammonium carbonicum shares with Bryony the shooting, tearing, drawing, the pains of sprain and ulceration, &c., the sensitiveness to cold and the open air, the influences of a sedentary mode of life, the relation to the female sex, the excitability, the venous constitution, the congestion to the head with pressing outwards at the forehead, with nausea, the ophthalmiæ, the dysecoia, the epistaxis, odontalgia, cardialgia, colic, gastric affections, obstructions, anomalies of menstruation, night-cough, hæmoptysis, asthma, eruptions, rheumatic gouty affections, weakness of the limbs, restless sleep, dreams, excitement in general; and yet "wide as the poles asunder" is this medicine from Bryony in its fundamental asthenic diathesis, in its disposition to decomposition, to colliquation, out of which all these indications take their rise. The excitability is here totally devoid of energy, it

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depends precisely on torpor and dissolution. There we see irritability of an active kind, here adynamia, which in its last flickerings still bears the appearance of life. Consequently Ammonia suits in lymphatic constitutions, in all asthenic fevers, with chest affections of the same kind, in chronic affections of the lungs with suppurations, in gangrene. We may add as a special indication, which fails in Bryony, that heat relieves the symptoms of Ammon. carb.

Ammonium muriaticum agrees with Bryony in particular relations only, particularly as regards the kind of the pains, the mood, (but especially melancholy,) the weakness, heaviness of the limbs, the congestive exanthematic character, the relation to the mucous membranes and glands, to obstruction, to cough, &c.

Even a superficial observation, however, will soon teach us that the metamorphoses within the capillaries are of a different character, and that the tendency to the mucous membranes is constituted in quite a different way from that of Bryony, as well as that the sphere of action proceeds within more defined restrictions in Sal ammoniac than in the more deeply penetrating elements of our medicine.

The same is true of Berberis, which likewise on the side of the lower metamorphoses attacks certain points of the organism, which apparently stand a degree deeper in importance. A primary action on hæmorrhoidal affections, urinary diseases, and anomalies of menstruation, are predominant here, an action which fails in Bryony. Besides this, the pains, the feeling of prostration, the aggravation in movement, the symptoms of the joints, bones, tendons, (lymphatic swellings,) muscular system, the fibrous parts in general, the liver, skin, a predominant direction to the venous system, to the mucous system, (of the eyes, of the gastrico-intestinal canal, of the urinary organs, of the genitals,) the biliary system,—lastly, the catarrhal, rheumatic, gouty elements, are all quite adapted for drawing interesting parallels.

The affections of Berberis are worst in the afternoon.

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China, on the contrary, agrees with Bryony rather in the points of exit of the nervous and vascular system, and has certainly a surprising similarity with it as regards the kind and seat of the pains, the aggravation by movement, touch, at evening and night, in the open air, the ætiological elements, (anger, chill,) the relation to the female sex and the clinical applications, (for example, congestions, hæmorrhages, catarrhs and inflammations, fever, dropsies, rheumatism, gout, gastric, bilious states, &c.). But the fundamental character of China is not irritability with increased sensibility induced by real elements of excitement, but precisely by states of debility. States of depression are present here, although they appear outwardly as exaltation. The paralysed central parts lose their influence, the uncontrolled material elements accumulate, decompose, and thus excite commotion. Consequently the psychical mood in China is different from that in Bryony; consequently the principal ætiological elements are here:—debility, all kinds of loss of fluids, their irritations; consequently in China prevail tremblings, jerks, internal restlessness, paralytic feelings; consequently the vasomotory activity loses its contractive power, and passive congestions, hæmorrhages, mucous discharges, asthenic inflammations, slow fevers, scurvy, consumptions, effect an entrance.

Clematis has only a remote similarity in the kind of pain, the articular rheumatism, the glandular affections, megrim; but the fundamental character is that of torpor and of cachexia; the reproductive is the principal sphere, (consequently tooth-ache in hollow teeth, scrophula, chronic exanthemata); and as a psychical element, melancholy is predominant.

Colocynth has also on a closer examination only some particular elements related to Bryony, particularly as regards the neuralgias of the trigeminus, the affections of the joints, especially of the aponeuroses, the ligaments, the swellings of the external parts, the venous, bilious, rheumatic, and gouty affections. By way of distinction we must content ourselves

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with pointing out the jerking, the cramp, the constriction, which predominate over the other kinds of pain; the stiffness, weakness, cramps, faintings of Colocynth, the oppression, the sthenic character of the reaction on the other hand, the specific relation to hæmorrhoidal affections, to dysentery, to coxarthrocace, ischias, &c., and the aggravation of many troubles also during rest, and the relief from passing flatus.

Ledum has a special relation to the brain, to the organs of respiration, the lymphatic vessels, the secretion of urine, the external skin, the serous and fibrous tissues, the muscles, bones, and will coincide in many points of view with Bryony, with which Ledum has in common the moral state, the head congestions, the rheumatic and gouty elements (of the joints especially), the hydrothorax, hæmoptysis, exanthemata, &c., as the aggravation by movement and the nocturnal exacerbation. But though among the sensations the predominant jerking, the incapacity for bearing the heat of the bed, and aggravation through heat in general, present remarkable differences, yet the principal feature in the action of Ledum, namely, the decomposition in the blood and the want of internal vital heat, is much more decisive. From this the action in hæmoptysis, consumption, hydrothorax, &c., is abundantly explicable.

It would lead us too far, if we went on in this way, to subject all the medicines which have been arranged as related to Bryony, to a specification. It is easy to see how these affinities can be considered in a more or less extended circle. And in fact Bœnninghausen has cited as "concordances" of Bryony, in addition to the above mentioned numerous medicines, these that follow besides: Hyoscy., Nat. mur., Sep., Aur., Canth., Carb. v., Caust., Con., Creos., Petrol., Phos. ac., Plumb., Sabad., Spig., Staph., Zinc., Asafœt. Mezer., Silic. Arg., Cupr., Cyclam., Rhododend., Sabin. Ant. crud., Cicut., Spong., Viola tricol. Ant. tart., Croc., Nux moschat., Dig., Ferr., Iod. Coccul., Colch., Stann.

It is easy in this way to draw in the whole Materia

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Medica. A proper family relationship with Bryony can only be presented by Acon., Bell., Merc., Sulph. The finer shades of difference may be drawn out in these with much profit and instruction.

Hering warns us not to lay too much stress on aggravation by movement, or when at rest, an antagonism by which many other medicines besides Bryony and Rhus are distinguished; for instance, Bell. and Hyoscyam., Nux and Pulsat., China and Senega, Phosph. and Nitr., Sulph. and Conium, Carb. veg. and Droser., &c. The same remark applies to the phenomena themselves which undergo aggravation.

The same writer instructs us in our comparisons to bring the chemical preparations according to some system or other into natural families, and then to compare those which are analogous; for instance, Sulph. and Phosph., Chlor. and Iod., Carbo veg. and Aurum and Graph.; the oxygen acids—Nit. ac., Sulph. ac., and Phosph. ac. among themselves, and with the hydrogen acids—Mur. ac., Cyan. ac. Further, Sil. and Alumin.; the carbonates—Kal., Nat., Ammon.—Bar. and Strontian, Calc. and Magnes.; the muriates of Nat. and Amm., Bar. and Magnes.; the acetates of the metals—Cupr., Ferr., Plumb., Mang.; the metallic medicines—Aur., Plat., Stann., Argent., and Zinc. Interesting comparisons are formed by Phosph. and Phosph. ac., Sulph. and Sulph ac.; likewise by Sulph. and Hepar, Hep. and Calcar. From the vegetable kingdom may be compared as closely allied, Anac. and Rhus, Bry. and Col.,—Indigo and Tongo,—Op. and Chelidon.,—Spig. and Menyanth.,—Viola od. and Jat.,—Thuj. and Sabin.,—Coff., Ipec., Chin.,—Colch., Verat., and Sabad.,—Euphras., Dig., Gratiol.;—Laurocerasus, Prun. sp., Amyg. Amar.;—Led., Rhod., Nux v., Ignat., Oleand.;—Arn., Cham., Cin., Leontod.;—Asa., Cic., Con., Œthus., Phellad., —Bellad., Caps., Hyoscyam., Stram., Tab.,—Verbasc.;—Acon., Hellebor., Clemat., Puls., Staphis., Ranunc., Bulb., and Scelerat.

"It is remarkable," continues Hering, "that the distinctions between those medicines generically related are found especially in the conditions; on the contrary, those which are

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only symptomatically related agree merely in some groups of symptoms." "Particular families which are especially adapted for comparison are, for instance, Nux, Ignat, Puls., Cham., Coff., Caps., Ambr.; further, Ars., Verat., Ipec., Arn., Ferr., China; probably also Staph. and Sulph. ac., Sulph., Calc., Lyc., Led., and in another view, Theridion. One of the most remarkable and beautiful families is Hep., Merc., Bell., Lach. Between this and the analogues of Ars. stands Phos. ac. and Carb. veg., with their analogues; likewise Cup., and in another direction, Aur. A rich store of knowledge is created out of such comparisons like those beautiful crystalline deposits which are formed when you suspend a crystalline salt in a saturated solution of the same salt." (Compare C. Hering—über d. Stud. der hom. Arzneimittell. Arch. f. hom. Heilk. xvii, 1, S. 105—108).

From the same esteemed physician had already proceeded (see Arch. xi, 3, 80,) Contributions towards the institution of comparisons between similarities and differences. Further, (Arch. xiii, 2, 1,) A Survey of the whole field of Medicine, as a preliminary attempt by way of guide to future inquiries, which lays before us much to encourage and stimulate us in the way of increasing our medicinal treasures and confirming our symptoms. Highly to be recommended also is Hartlaub's Contributions for the comparison and characterisation of several remedies in regard to their pathogenetic peculiarities, as of Nux, Ignat., Puls., (Archiv. iv, 1, 3,) and Watzke's Comparison of some remedies with Nat. mur., (Oestr. Zeitsch., iv, 1, 198,) &c.

Reil's attempt at a division of medicines according to their action on systems and organs, composed to facilitate their study, valuable as it is in itself, yet gives but one side, and is therefore not sufficient.

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APPENDIX.

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APPENDIX.

My intention in this Appendix to the foregoing translation of Hirschel's Rules for the Study of Pharmacodynamics, of his Examples of the independent Examination and Treatment of Medicines (selbst-bearbeitung), and of his Examples for the Comparison of the Medicines with one another, is to supply briefly from other portions of his admirable work, such information as may tend to throw light on the selection of remedies for any particular case of disease.

The indications for the choice of the remedy are, he says, taken,

(1.) From the complex of the symptoms of the disease, with a special distinction of the primary, idiopathic, pathognomonic, and diagnostic signs. (Diagnosis).

(2.) From the systems or organs affected. (The anatomico-physiological basis).

(3.) From the diseased process—its nature, history, and duration. (The physio-pathological basis).

(4.) From the internal etiological elements lying at the root of the disease, (the proximate cause,) so far as this is to be ascertained; as well as from the external exciting causes, even when these are to be sought for at a great distance, (for example, in chronic diseases, dyscrasic affections). (Etiology).

(5.) From the peculiarities of the diseased individual in relation to age, sex, constitution, temperament, psychical peculiarities, mode of life, &c.

(6.) From the peculiarities of atmospheric and telluric relations in regard to weather, temperature, period of

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year and time of day, prevailing endemics and epidemics.

(7.) From the particular modifications which external and internal influences, such as movement, posture, the open air, mental exertion, particular functional acts (eating, drinking, &c.) call out in the symptoms of the disease (and of the medicine).

In the words of the author's admirable summary—"The similarity which ought to obtain between the medicine and the disease, is principally to be recognised in the symptoms which were predominant in the proving of the medicine on healthy persons, and in those essentially belonging to the disease. It must not only, however, extend merely to these outward signs, but there must also be a relation of similarity (agreement) and specific conformity of the particular medicine to the seat, the process, the internal and external conditions and causal relations of the case of disease, so that the peculiar character of the medicine may exactly correspond to the peculiar nature of the disease."

In comparing the symptomatic treatment of the old and new school, the author begins by stating that the therapeutic school distinguishes three indications in the plan of cure—(1) the indicatio causalis—the object of which is the destruction, removal, or controlling of the cause of the diseased state; (2) the indicatio essentialis, which takes in hand the most essential process in the case of disease, as the one, on which all else depends; and (3) the indicatio symptomatica, which only attempts to remove or moderate particular troublesome symptoms, to obviate intercurrent accidents or casualties, and to oppose dangers arising from a complication of relations. It receives its full justification from the fact that in the greater number of cases danger arises rather from secondary and tertiary disturbances, than from the essential process.

It is to be considered, permitted, or demanded,

(1.) In diseases which get well of themselves.
(2.) In troublesome or exhausting symptoms.

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(3.) Where a particular symptom only loosely connected with the principal disease prevents the cure, or impedes the employment of the suitable remedy.
(4.) In dangerous secondary disturbances, dangerous to life (indicatio vitalis).
(5.) In all incurable diseases.
(6.) When death is impending.
(7.) In uncertainty about the diagnosis, where careful sounding by means of symptomatic treatment is possible and allowable.

On the consideration of these principles, which characterise the whole allopathic art of healing, we begin to perceive the advantages of the new school. These consist

(1.) In this, that the three above cited indications in great measure come together in the homœopathic mode of treatment, and therefore present this, even in the sense of our opponents, as a rational mode of treatment.
(2.) In this, that the symptomatic mode of treatment of the old school is quite different from the observation of symptoms in homœopathy, which offers no points of comparison with such mere empirical courses of procedure; and
(3.) In the fact that it is rare indeed that anything answering to the allopathic "indicatio symptomatica" occurs in homœopathic practice, and always then with much surer guarantees for its successful attainment. As for the plan of experimentally feeling one's way in a doubtful case, we can always spare ourselves this trouble, as our whole system of therapeutics rests on a much surer basis. On a strict inquiry into the cases as they occur, we shall find that it is especially in allopathy that the pure symptomatic treatment has the greatest extension, being by no means limited to the cases in which we also have recourse to it, that is, when the diagnosis is uncertain, (7th point,) or for palliation (points 1 to 6).

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We would ask each allopath on his conscience how often it is possible to bring forward the indicatio causalis, or essentialis, and how often with the best will and the most extensive knowledge, the most acute diagnosis will enable him to advance against the causes and the essence of the disease?

The symptoms of the disease, the external signs, are as necessary for diagnosis to the adherent of the old school as to us. But too often he believes he is taking measures against the disease, while he is striving symptomatically against some of its component parts. His reasoning has deceived him. When, for instance, he diagnoses a dysentery, and from its fancied essence deduces the usefulness of an opiate, which, however, only checks or removes the tenesmus or the diarrhœa, without touching the essence of the disease, the treatment is not causal, or essential, but only symptomatic. It would not be difficult to shew in the same way that most of the allopathic cures are in this sense only symptomatic. The employment of Chloroform in neuralgias, of drastics, acrids, of cupping-glasses, of irritating frictions in amenorrhœa, of resolvents, Aloes, &c., in habitual constipation, of Digitalis, of Squills, in dropsy—do all these refer to a cure which has anything to do with the essence of the disease?

Both schools need the knowledge of symptoms. It is the mental process with these symptoms that divides the schools, involving as it does a different mode of apprehending and employing them. The allopath creates out of these symptoms a diagnosis of the disease, from this all peculiarities are excluded, and a medicine antagonistic to the presumed essence, or the so-called proximate cause, is chosen.

The homœopath treats also the symptoms as constituent parts of the picture of the disease, as means of diagnosis, but he does not forget the one for the other; he retains fast hold on them (the symptoms) as pointers for the choice of the medicine, because they objectively hold up before him by their peculiarities the special nature of the disease, through the whole process of subjective composition; whereas the allopath forms for himself such a nature subjectively, and therefore gives up the objective basis. The result is con-

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sequently the most opposite. The mental process of the allopath leads through a necessary fiction, on the one hand in consequence of a defective knowledge of remedies, on the other precisely in consequence of an abstraction from symptoms, but too often to a symptomatic treatment, since the "rational" relations at his command are not sufficient.

The process of the homœopath, on the contrary, gives, through the use of the symptoms, an objective presentation of the picture of the disease, which in its totality leads to an essential and real cure.

The symptomatic mode of treatment takes note of individual symptoms, or symptoms only as such, without mental analysis, valuation, or connection; processes to which the new school applies itself with especial diligence. The principal thing, the thing to be known with it, is not the symptoms, but the essence of the disease in all its relations; but to the symptoms, inasmuch as they are the best means for arriving at the knowledge of this essence, and for the determination of the morbid relations, it attaches a particular value. They are the means to their end, and the basis of their observations. In these outward signs the inner type of the disease is mirrored; in their totality they must contain the constituent and characteristic parts which compose the whole. From the phenomena coming out to observation at the surface, we must conclude on the internal causal relations, the very thing the homœopath does, since he does not stop at observation alone, at the mere appearance, as a child does, but proceeds to combine, to determine, and conclude. He, too, forms for himself a diagnosis of the disease by the separation of the essential from the non-essential; he, too, distinguishes primary and secondary, pathognomic, sympathetic, &c.; he, too, estimates the etiological element as the external constituent; but he never loses the objective actual substratum in the subjective, mental product which it has created, and thus, holding his ground fast, he is not exposed to the uncertainties of a wild goose chase. Hence the same individual signs in their connection are serviceable to him for comparison with the symptoms of the artificial medicinal disease, which he now

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proceeds to combine and determine on, as he did before with those of the natural disease, for the purpose of obtaining a corresponding type of artificial medicinal disease. The more striking the correspondence of the parts, the more exact that of the whole to the whole. But this must not be the result of a mechanical covering of one part by another, but of a judicial comparison, a separation, a synthesis, depending on the finest analysis; or a merely external, formal, not an internal, essential resemblance, would be attained. Every attempt at finding a resemblance requires reflection, if this is not to be founded on mere externalities, but is to signify a true internal affinity and agreement, such as we need. Wunderlich* in his Examination of the Rules of Classification, reviews seriatim the particular criteria of homœopathicity, which he styles essential, or illusory and accidental. With regard to similarity in external phenomena, he asserts, justly, that affections the most different as to causes, antecedents, and internal changes, may appear similar, for superficial symptoms very often depend on non-essential concomitants. A supposed similarity of cause may often bring together affections of the most different form, for we have generally only an imperfect and partial knowledge of the causes of disease, and a portion of the cause escapes us, and is not taken into consideration.

A similarity in the changes of the most essentially affected organs would give the most natural ground of classification, if we only always knew the essential changes and did not so often take accidental or consecutive disturbances for them.

Neither the symptomatic, nor the etiological, nor the anatomical element is therefore alone and by itself sufficient. On this account we cannot dispense with either of them; but we are often compelled, in the failure of other guides, to hold on by the symptomatic external similarity of the form of the disease. These criteria are available as to the homœopathic principle in the treatment of disease, and we may consequently apply the whole of this decision with unimportant change to the law of similia similibus.

* Page 62.

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It is perceivable from hence, that the similarity of symptoms is a very important element in homœopathy, because it is that which is immediately presented to observation, and we are led by it at once and in the most sure way to the peculiar deeper conditions and phenomena; but that it is by no means sufficient, and that consequently the reproach made to homœopathy of a purely symptomatic course of procedure, already contradicted and refuted by us, falls to the ground.

Every practitioner must have observed that a mere symptomatic similarity, even were it of the most striking description, would often leave him in the lurch, did not several fixed points created by observation and reflection enable him to come to a right selection among several apparently suitable remedies. And since we have to do with similar, not with identical remedies, among various degrees of similarity only the most like, that is, the medicine that is like in all respects will heal.

As an example of this internal discrepance, together with an external resemblance, we give the abdominal symptoms of Belladonna and Veratrum.

BELLADONNA.	VERATRUM.
Convulsions in the abdominal muscles.	Convulsions in the abdominal muscles.
Distension of the abdomen and hardness.	Dull pain in the abdomen from inflation and tension.
Violent colic, with vomiting and urging to stool, &c.	Colic pains; afterwards vomiting. Sudden colic, immediately afterwards urging to stool; after the evacuation, tenesmus.
Pinching colic, in the region of the liver, over the upper abdomen, deep in the abdomen, &c.	
Cutting in the abdomen.	Cutting colics.
Violent cutting ache in the abdomen.	Pressive dull pain, as if from a bruise.
Shooting cut in one stroke.	Shooting colic. Cutting shooting pain. Pain in the abdomen, as if it were cut with a knife.
Dull stitches; violent shooting as with a knife.	
Violent tensive pressive pain in the whole abdomen.	Tensive pain in the hypochondriæ.

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Crampy constriction, distension in jerks. Crampy tension, forbidding the slightest movement.

Pressive shooting pain in the umbilical region. Straining and grasping about the umbilicus, obliging one to bend forwards.

Pressure as from a heavy weight.

Violent noisy borborygmi in the abdomen.

Feeling as if a hard body pressed outwards towards the inguinal ring.

Colic, as if all the intestines were tied up in a knot.

Painful pressure in the neighbourhood of the cœcum.

Flatulent rumbling and pinching. Borborygmi in the abdomen.

A feeling in the left groin, as if a hernia was going to appear.

How similar are these symptoms, and yet how different is the application of these remedies according to the signification of these symptoms! Indeed a case may occur in which the symptoms may appear more like those of Veratrum than those of Belladonna, and yet the latter be the medicine, for Belladonna answers to inflammatory rather than spasmodic colic, Veratrum the reverse. And indeed the symptoms of a peritonitis may resemble those of Veratrum, and yet never yield to it, for though the character of Belladonna does answer to a peritonitis, that of Veratrum never does. A more exact comparison, a deeper insight, a taking into account of several elements, are necessary, in order to base a specific relation between the medicine and the disease, in order, in each individual case, to find out what is suitable and indicated.

But we must now proceed towards the objective inquiry which presents to us the observable phenomena.

Review of the anatomical element, the locality.

The anatomical element, the locality, deserves a special consideration. Pathology, from the time she began to follow out diseases from their local points of origin, and to pay special attention to the anatomical basis, has taken a new start, and has, in consequence, to a certain extent, the first title to the name of physiological medicine, a title, however, to be fully earned only by her labours in the

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future. Physiological medicine also cannot escape treading this path, if she means to attain her principal indication, that of individualisation. Since each organ possesses its own peculiar life and its proper or individual kind of activity, the knowledge of the specific relations of medicines to particular organs and to the functions they derange is a great step to the comprehension of medicinal action in general and to treatment. We oppose to the disease seized in its point of origin and its first element of development, the locally acting medicine—the contending parties touch equally on one and the same ground, a direct mutual action must follow.

Besides, the anatomical basis gives also the conditions for certain forms and alterations of the diseased state, which are of more or less general influence in proportion to the extent, the properties of the different structures and tissues, and the connection these tissues have to the others.

We deduce from the structural basis certain general laws of disease, and apply them to the respective localities. For example, we know that inflammation has very different terminations as it occurs in the serous and the mucous membranes, and we turn this knowledge to account in pleurisy, pericarditis and gastro-enteritis; or we make use of the unity of the catarrhal process, which as a congestive process depending on the peculiar structure of the mucous membrane, runs a very similar course, whether it attacks the bronchiæ, the stomach, or the genito-urinary system. The question of first importance is the enquiry as to the sphere of action which the medicine has, or to speak strictly, the question as to the locality, that is, as to the organs affected.

We must first know whether a medicine acts on the heart, lungs, bladder, brain, &c. In this way we attain at once a certain, although a general knowledge of the physio-pathological processes, which become developed in one or more large portions of the organism, and are affected and altered by the medicine. In general several organs are affected by one and the same medicine. We then put the further question, what particular parts of these organs are particularly affected by the medicine, and we deduce therefrom an affinity—it

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may be—to the mucous membranes, the lymphatic system, the capillary system, the venous branches. If we know that a medicine has a decided action on an anatomical system or a particular tissue, we have attained a certain amount of knowledge as to the physiological characteristics of the medicine, secured to us by a certain regularity running through all diversities of place. We attain, to express ourselves with more precision, a more exact comprehension of the type of the medicine's action; for we know not only the influences upon the organs of the body as such, but also the changes produced on the more remote elementary portions of the organs, and of the whole body. We then see why the same medicine acts alike in different parts of the body, and have opened out to us a comprehension of the relation of the medicine to the morbid process essentially dependant on the anatomical basis.

For this reason, if the inquiry as to what organs a medicine affects is of paramount importance for the determination of its functional activity, since the organs or groups of organs present functional unities or groups, not the less pressing is the inquiry as to the elementary structures over which a medicine extends its influence, whether on the vegetative, (the membranes, the ligaments,) or the animal, (the nervous and muscular systems,) or the general substratum in the deep back-ground of life, (the lymph, blood, and cellular membrane).

This shows partly the internal antecedents of the functions, partly gives us a solution of the formal changes presented by structure, which come especially under consideration in diversities of the morbid process, in which both the functional and the material play an equally important part. To recapitulate, it is of the first importance to know in what organ the disease has its principal seat, since the functional changes and the symptoms which manifest these are regulated by this.

We have then to distinguish what elementary tissues are affected, and ascertain their structure.

Hyperæmia presents us a clear example. The relation of

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the locality, of the histological basis to the kind of degeneration, is nowhere better shown than here:—an inflammation in the lungs will excite quite different symptoms from one in the stomach, and will also, as it selects the mucous membrane, the parenchyma, the veins or the capillaries for its seat or terminal point, present great differences of form, though the process itself remains unaltered.

The researches of Berres* as to the arrangement of the smallest arterial and venous twigs in the capillary system, have shewn the way to place the hyperæmiæ on the most special local basis.

According to these, great differences arise from the ultimate form of the ramifications—for instance, the linear, vascular tissue in the muscles, which has little tendency to become hyperæmic; the longitudinal of the nervous substance, which permits a rapid flow to and fro; the longitudinal meshy tissue of the fibrous membranes; the dendritic in the serous; the radiating vascular plexus in the glandular organs; and the erectile tissue; from whence the more or less easy occurrence, the intensity and duration of the hyperæmiæ may be anatomically explained. Not less important are the anastomoses of the capillary arteries with the capillary veins in the simple meshed flexus, in the connecting meshed flexus (muscles, nerves, fibrous membranes), in the encircling meshed flexus (glands, lungs, cortical substance of the brain), in the looped vascular net, looped formations (organs of the senses, papillæ of the tongue, the pylorus, the small intestines, the papillæ of touch, the genitals), in the looped meshy tissue (serous membranes, corium, mucous membranes).

Examples of local specification.

This knowledge is as important in pharcodynamics as in pathology, and it cannot be a matter of indifference to proceed beyond the knowledge of the specific relations of the remedies to the organs, to win our way by comparison and

* Berres' Anatomie der Mikroskop. Gebilde des Menschl. K. S. 36-70, und Wunderlich's Auwendung auf die Pathelogic, S. 354.

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analysis to a comprehension of the mode in which individual medicines act on the particular tissues and systems of the body. We wish to adhere to the example of hyperæmia given above, which, however, lies at the root of inflammation, and to present in a general view, the differences of some of the most remarkable antiphlogistic remedies. We know such to be, Aconite, Belladonna, Bryony, Mercurius, Phosphorus, Pulsatilla, Sulphur.

How different are these, partly on the organic local, partly on the elementary formal side!*

Aconite is suitable for arterial inflammations, and for active capillary states, for the mucous membrane of the eye, of the intestinal canal, of the uro-poetic and respiratory organs, for the serous and fibrous membranes, less for the parenchymatous and glandular organs, for inflammation of the cellular sheaths of the vessels, nerves, and muscles (Gerstel), of the synovial membranes (arthritis).

Belladonna has no less the active character of inflammation, but attacks rather the venous system through the medium of the nervous system, suits in circumstances of crethismus, in children and females, acts on erysipelatous inflammations, and those of the lymphatic and glandular system; it is suitable in meningitis and cerebritis, in scrophulous, gouty and catarrhal ophthalmiæ, in peritonitis, metritis, nephritis, pneumonia, arthritis, in particular where venous congestions have occurred; probably after paralysis of the circulatory apparatus.

Bryony has a special relation to inflammations of the membranous tissues, and the termination of inflammation peculiar to them, especially of the serous membranes, of the fibrous tissues, as also to congestions occurring in the peripheric capillaries; is suitable for encephalitis, meningitis, pleuritis musculosa et serosa, peritonitis, inflammation of the serous coat of the liver; mastitis, bronchitis, pneumonia (parenchymatosa, second stage); psoitis.

* It is obvious that we do not touch here the characteristic differences occurring in the other parts of the pathogenesy of these medicines, having to do here merely with the differences of the anatomical element.

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Mercurius attacks especially the venous and capillary system, the lymphatics, the glands, the serous, fibrous, especially the mucous, tissues, particularly that of the intestinal canal, of the air passages, of urinary and genital organs; the external skin, the bones, and has a widely extended action, since, by means of Mercurius, a direct change of the blood follows. Consequently no medicine but Aconite has so great an antiphlogistic action as this.

The action of Phosphorus, on the contrary, in inflammations, appears to be more under the dominion of the nervous system. Its employment as an antiphlogistic is more limited in relation to the form, the character of the disease, and the locality. It acts in inflammations of the mucous membranes (of the eyes, nose, of a chronic and cachectic kind, throat and fauces, stomach and intestines, bronchiæ) in pleurisy, pneumonia, mastitis in particular states, out of which an action of the nervous system on the capillaries and their vascular walls, and a decomposition of the circulating fluids, seems to proceed.

In Pulsatilla and Sulphur the venous system plays the principal part; Pulsatilla, however, excites especially the venous capillary system, the mucous, serous, and fibrous membranes; and is indicated in inflammations of the eyelids, otitis, venous angina with varicose enlargements, orchitis, prostatitis, pneumonia, gonitis, psoitis. Sulphur developes its action principally on the blood itself, but seizes in particular the larger and smaller venous branches, mucous membranes, glandular organs, skin, bones, the ligaments, fibrous parts, and articular apparatus; and finds its application in inflammations of the glands, ostitis, erysipelas, ophthalmia, inflammation of the mucous membrane of the nose, chronic angina, chronic gastritis, hepatitis, pneumonia, pleurisy, arthritis, whitlow with predominant nervous character. In order to prevent possible mistake, we must here remark, that these results are in the first place due to physiological provings on the healthy, although all practical experience tends to confirm them. We attained them in the following way. From the symptoms we have to construct

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the type of disease for each medicine. From a comparison of the respective localities in which the symptoms connected with well-defined diseased forms are manifested, the general anatomico-histological element comes out; the deeper significance of which, for the morbid process and the law of action, we shall presently treat in greater detail.

But before this we must lay before the reader some explanations on the extension of the action of the medicine.

Extension of the action, local and general.

Homœopathy must, with regard to the specific local relation of its medicines, proceed from the position, that every medicinal action is originally local, limited to one or a few points. In fact, all external influences, whether material, so-called dynamic, or mental, must affect our organisms at first at a definite point. Physiology, by its doctrine of primitive fibres and of nervous conduction, in conjunction with microscopic anatomy, has elevated this point to a law. The local action may, however, affect several points simultaneously. Now we have a two-fold possibility before us. Either the action remains limited to its first points of attack, or extends itself to what may be called a general action, although there must always remain some parts of the organism unaffected, and in no case therefore can there be more than a widely extended localization. The extension of the action depends, regard being had to the nature and duration of the agency, the supervention of new injuries, or the topical or mechanical action of the parts and products, principally on the anatomico-physiological properties of the affected point. It will therefore be greater in proportion to the connection of the point with the rest of the organism; or to use a current phrase, the greater the dignity of the affected central part, organ, or system of organs. This is true particularly of the nervous and sanguineous systems. If we know that either of these systems have been affected, we may calculate on a very extensive sympathetic action. The excitement, however, must be supposed to have had a local and limited origin, and the inquiry is forced upon us: what are the affected parts? the

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brain? the spinal marrow (sensational or motor fibres)? ganglia? the vascular walls? arteries? veins? the capillaries of a parenchyma? the blood itself? But to get at these ramifications we have to ascertain the central point, from which arise difficulties, only to be overcome by a logical presentation and development of the type of the disease.

From what has been said it is clear, that (1) together with the so-called general action, a special and peculiar one upon one or more points is possible, which may be (*a*) either the cause, or (*b*) its consequence; and (2) that, in particular, proceeding from one organ, for example, the heart, the lungs, the liver, an action may be produced on the blood or the nervous system, which, in their turn, excite reactions.

On applying these observations to the laws of healing, we observe that a local disease can be as well met retrogressively by a medicine of general action, as the healing of a general affection can be brought about by the treatment of a particular part.

The part which this relation of locality plays in the different schools of medicine, exhibits their difference in a strong light. In allopathy, where the local action of a medicine is ascertained only by its use in disease, the reference to pathology is loose. In consequence of the predominance of the use of general means according to dogmatic categories, and of the prevalence of so-called general methods, local reference is the exception (Wunderlich, indeed, calls it a delusion to expect advantage in therapeutics from localization in pathology), it frequently coincides with topical (external) or symptomatic action. Since allopathy chiefly acts by antagonism, by exciting the secretions, by derivatives, by quantitative and chemical means, but especially by acting on the constituents of the blood (alteratives, resolvents, diluents, corroborants), with a dark instinct in the ways of humoral pathology, and by massive doses takes the whole system into its hands, this ignorance and neglect of the local peculiarities of their medicines does not work them so much harm as might have been expected, but confessedly deprives them of the advantages of a direct mode of cure.

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Rademacher, on the contrary, places, with justice, a great value on these localizations; but, alas! only too great a value, since the protestations of his disciples to the contrary notwithstanding, he undervalues quality, and creates artificial distinctions, as the categories of medicine, the only objects of his therapeutical investigations, fully show.

On finding these localizations he has an indication for practice. His division into medicines for organs, and for the general system (wrongly styled by Kissel medicines for the blood), is only of service in so far as it helps to a selection of one of them, or indeed to an addition of several out of one, or a combination out of both classes—a two-fold division which is both logically and physiologically untenable, in consequence of the difficulties in distinctions and separation, as Kissel himself confesses; the complexity of intercurrent symptoms, and the interchange of organ and blood-diseases, and this without reference to the fact that the action of the nervous system or of the blood on an organ is quite overlooked, though this may be local.

We do not consider therefore that Rademacher has made any important advance in practice, for in truth, in spite of Kissel's excellent requisition for a deeper physiological basis, an observation of the diseased process, a semeiotic valuation of the morbid symptoms, of the relations of a humoral state, &c., these are less in question than the anatomical basis; and, moreover, in the attempts after the origo mali, the complex, the type of the disease in general, a point with us of the highest importance, runs a great chance of being overlooked. The so-called inductive method, by which these artificial categories have been discovered, is also in the highest degree exceptionable, and is nothing more than making the healing art a blind groping with no better guide than chance. If Copper and Iron are medicines acting on the general system, as trials in diseases considered general teach us (these are generally epidemics); and if Copper and Iron, again, cure a pneumonia, as trials in disease again teach, is pneumonia therefore a disease of a general character? In this way pathology will be dogmatically enriched by therapeutics, and

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developed by means of re-agents. It is a great injustice to compare this partial and imperfect attempt at local specification with the homœopathic observation and appreciation of medicines. This is at first purely physiological, and is only afterwards confirmed *ex usu in morbis.* The connection with pathology is strict, natural, and rational, for a localizing therapeutic system is set against a localizing pathological system, and thus disease and remedy come into intimate contact. This localization, however, is not the end of our inquiries, but is only the way to the knowledge of the sphere of phenomena—in one word, to the discovery (diagnosis) of the quality and direction, the investigation of its origin, concatenations, internal relations (so far as this is possible), and to the separation of the unessential, the accidental.* Our medicines are not only local-specifics, but also concrete-pathic. In our mode of study, the dynamism is predominant, which is strictly connected with the pathology of the vitalists (solidar-pathologischen). This leads necessarily to keeping localization strictly in view. But we must also recognize the laws by which action spreads itself, and if a disease is the result, the reflex of a morbid change in the blood occurring under specific relations, we have to act on this state also; although in other ways and by other means than are employed in allopathy.

The dynamic and the material in Homœopathic treatment.

In close connection with this point arises the question, whether medicines act in a dynamic rather than in a material way. Hahnemann's dictum, that both disease and the cure arise from dynamic influence only (see *Organon*, 5th Ed., S. 86), plainly favors the first opinion. The principle of similarity, and the activity of small doses, would no doubt have led to a preference for a dynamism, even had this view not been favored by its affinity to the aspect under which Cullen, Brown, &c., looked at vital phenomena.

* Kissell (p. 6) has misunderstood Hahnemann, when he says, "that he gives only a symptomatic materia medica, without an attempt at getting at the connection and sources of origination."

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Out of this neglect of the material side of medicinal action may be deduced the imperfect observation of the chemical element, as well as the predominance of subjective phenomena over objective changes, which is observable in the homœopathic Materia Medica, which, in this relation, presents great deficiencies.

The word "dynamic," in particular, has led to great misunderstanding, and is, in many respects, a cloak for obscurity or the want of scientific knowledge. Sometimes it is used to indicate force in apposition to matter (and in strictness this is the right meaning); sometimes it is used in a more restricted sense for the manifestation of action (function) in apposition to modifications of the fluids and form; sometimes to phenomena occurring in time rather than in space; and in its most special anatomico-physiological relation, for the activity of the nervous system in apposition to the life of the blood and of the organs. At all events, however, an exclusive predominance of one sense, whatever this may be, without the participation of the other, must always be unphysiological; since both apparent opposites, in consequence of the unity of life in organic nature, as also in the phenomenal world and the laws of inorganic matter, run into one another.

On this ground it is incredible that Hahnemann meant by his dynamism to exclude the material participation of medicines. Such an observer could not have overlooked the fact that certain medicinal substances, his own antipsorics in particular, have a very decided material sphere of action, since his doctrine of psora and of the other dyscrasias, took precisely the state of the sanguification for its principal basis. Confessedly, however, the matter was looked at in the most general way.

To come to particulars with the changes in sanguification, brought about by medicines, was not thought worth while, from the dynamic point of view; and it has been only of late that men have begun to turn their regards on the material side, as is observable in the Materia Medica of Noack and Trincks, or in the allusions made by Franks to Mitscherlich's

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excellent researches into the action of medicines on the blood (*Arch.* xvi. and xvii.), Arnold's trials with Phosphorus, Acon., and Bry., &c., and the notice which the labours of Böcker, Beneke, &c. in this field, have attracted among homœopaths. There is greater difficulty, however, in inferring, from trials on healthy persons, made with large doses, and affecting the relative constituents of the fluids and the structure, to the effects of small doses in disease, than where the phenomena are merely functional. Chemistry also has not yet made such advances as to indicate pathological changes, and it is questionable whether chemical re-agents are calculated to detect the finer shades which are occasioned by homœopathic action. Let us consider, in the first place, the obstacles opposed by the living and organic body to such inquiries; and secondly, the uncertainty whether the material changes effected by medicines in our doses, arsenic, for instance, acids, carbon, lime, present such chemical differences, and last so long, as to fall under the notice of the analytical chemists, as happens with regard to such allopathic remedies as act principally in a chemical way. On this subject the researches of Mitscherlich, Liebig, &c., have established certain data; from which we learn that chemical action may happen in the following modes: (1) upon the external skin, deoxidizing, abstracting water, or combining with its constituents (albumen compounds) or producing coagulation; (2) on the intestinal canal, in similar ways; (3) by affecting the solubility of ingesta in the intestinal canal; (4) on the mucous membrane of the air-passages (in the form of gas); (5) on the blood, through the respiration, or absorption from the mucous membranes or skin; (6) on the internal tissues and constituents, through the mediation of the blood, or by infiltration of the tissues. Either the constituents are dissolved by chemical agents (alkalis, iodine, acids, water,) brought into the circulation and excreted, or insoluble compounds are formed, especially with albumen (compare Mitscherlich's researches on the Sulphates of Copper and Iron, in Muller's *Archiv.* 1838, s. 1; on the Relation of Acetate of Lead to Albumen, Casein, Osmazome, Gelatine, Mucus, Fibrine, to

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Blood, Urine, &c.; in the same Journal, 1836). The chemical actions on the blood appear to be the following: formation of blood (tonics, nutrients, iron); diminution of formation (lead, quicksilver, salts, alkalis, antiphlogistics); increase of particular constituents in it (carbon, oxygen, salts); acceleration of metamorphosis by an increased addition of oxygen (nitric acid, the water-cure?); retardation of its natural changes (inadequate supply of oxygen, abstraction of water); increase of its coagulability, plasticity; diminution of its coagulability (by salpetre, alcohol, salts, especially prussic acid); and the introduction of peculiar changes proper to the science of sanguification.

Although these rude chemical changes and actions cannot be cited in homœopathic therapeutics (they need confirmation, and their use is too much founded on dogmatism to be yet applied to the treatment of disease), yet do the results of several medicines (we recollect the acids, Arsenic, China, Phosphorus, Calcarea, chloride of Sodium, Baryta, Silica, Graphite, Carbon, Sulphur,) point to many of the above mentioned modes of action, which are necessarily connected with material changes in the blood.

Let us consider that Copper, Zinc, Lead, Arsenic, Manganese, &c., have been lately discovered in the blood; whether they are accidental or necessary constituents of the blood we do not yet know. Phosphorus, Sulphur, and Iron are, however, essential constituents. Their influence is the more remarkable from the smallness of the quantities in which they are present. The same is the case with the above mentioned metals. Now, why should not a small quantity of a medicine excite as essential changes in the blood pathologically as these do physiologically? The influence of acids (Carbonic acid in the blood), salts, and earths, on the formation and metamorphosis of the tissues, is known. We find carbonates and phosphates of Lime in the bones, in all the fluids, and in each cell-formation; phosphates and carbonates of Magnesia in the bones, Natrum muriaticum in all the fluids and tissues, carbonate of Soda in the blood and in the lymph, Silica in the urine, saliva, hair, bones; and these are pre-

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cisely the substances which the most remarkably develope the vegetative actions of medicines in homœopathic pharmacology.

Let us consider further that Oxygen, Carbon, Hydrogen, Nitrogen, Sulphur, Phosphorus, Chlorine, Calcium, Fluorine, Kali, Natrum, Silicium, Magnesium, and Iron, are the principal constituents of which the essential organic substances are composed; that out of the different atomic relations of these elements, with trifling discrepance, a new radical (hypothetical, it is true, and not capable of being presented in an isolated condition) Protein is formed, which again, in combination with other substances, with slight variations, presents the manifold modifications of the organic substance (albumen, fibrine, caseine, globuline), so that these form a series of protein compounds with Phosphorus and Sulphur, and their different combinations with water, salts, &c.; that by a slight change in the dextrine (starch gum) of the vegetable matter of the ingesta, possibly the analogous gelatine is formed, as from the vegetable albumen the protein; that, finally, in the normal functions by respiration (combination of the carbon of the ingesta with the oxygen of the air), by exfoliation from free surfaces, by the skin, the liver, the kidnies, a continual decomposition of protein takes place. Under these circumstances of constant and easily effected organic change, it is not too bold to attribute to medicinal substances a chemical action, not to be measured by the standard of inorganic chemistry, or of our present analysis. We allude particularly in this last respect to Böcker's researches with regard to the reproduction.*

The urinary excretions, the proportion of carbonic acid in the respiration, the elementary and form-changes of the blood, during the use of various medicines, are here observed. The results of the action of Belladonna, Sulphur, Kali aceticum, here given, confirm the other known effects of

* Beiträge zur Heilkunde, insbesondere zur Krankheits,-Genuss-mittel- und Arzneiwirkungslehre, nach eigenen untersuchungen, B. i. and ii., Crefeld, Juncke u. Mueller.

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these medicines. What is said about scrophula, rickets, softening of the bones of the head (from want of phosphate of lime in the mother's milk, and from the formation of acid in consequence of decomposed, unsuitable nourishment?), contains, with much that is hypothetical, very pregnant hints for practice (compare the indications for phosphate of Lime). We may be able more easily to conceive of material changes being effected by medicines, even in smaller doses than are used in allopathy, from the consideration of the fact that no new or peculiar substances are formed by them, but only changes, which are often occasioned by a difference in proportions, or trifling variations in the assimilative process.

In an anatomical point of view also, no new products are brought into life, and pathological products are separated from physiological only by relative and gradual differences. This is true also as regards chemistry. Colouring matters occur likewise in healthy bodies, or decompositions in the blood are formed, and what used to be considered morbid ingredients in the urine, and in calculi, are now proved to be fixed constituents. The organic bases of diseased organs, of morbid new growths, and expectorated matters, are those of the normal tissues and excretions. Neither in pyin, nor in cancer, nor in tubercle, nor in other swellings and deposits, are substances found not also occurring in healthy bodies.

All these facts prove the non-existence of an exclusive dynamism. On the contrary, it must be conceded that in general a dynamic action, without a material change, and *vice versâ*, is not conceivable. We may, indeed, go a step further, and assert the following general propositions:

(1.) That dynamic action itself is material, but does not appear to be such; because it is so fugitive and so superficial, that it vanishes with the passing off of the acting cause, or of itself. The question then arises:

(2.) Which of the two actions in general, or in each case (if the preference once for all is not conceded to dynamism), is the predominant, that is, according to time? therefore the primary one. Then we have to determine

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(3.) Whether the interval between the dynamic and material action be not so small as to allow us to adopt the idea of their being simultaneous. The solution of this question is interesting in a scientific point of view, but it only receives a practical importance when we consider it from a somewhat comprehensive physiological point of view, and refer the dynamic to the activity of the nervous system, against which we set that of the blood and different organs; in other words, when we put the question

(4.) Whether medicines act through the blood or the nerves? And here the following possibilities occur.

(1.) Medicinal influences may act only through the nerves;

(2.) Only through the blood;

(3.) Or they work through both, and

(*a.*) The nerves give the first resistance, or

(*b.*) The blood.

Cases 1 and 2 contradict, by their isolation of vital phenomena, daily experience and the laws of life, which present the antagonism between force and matter as the indifferentiation of the different, as Schelling would say, and deny so exclusive an action of either of the systems. Case 3 is the only one, therefore, to be considered; and indeed it is probable that

(*a.*) In the great majority of cases the action proceeds from the nerves, and in such a manner that (1) the nervous tissue is immediately affected, or that (2) the blood is the bearer or medium of the action, in such a way that medicines are brought into contact with their related nerves and organic systems by means of the blood, and that from these again a reaction on the blood and organs follows. These would be the so-called dynamic actions, in which a special physical electric influence enters,—a thing quite possible according to Dubois Raymond's experiments, or, as we have indicated above, only temporary, quickly passing, from their insignificance imperceptible, chemical metamorphoses. But there may also occur

(*b.*) In the blood itself such primary material changes, as to alter the nerves in a more or less material way. Arnold

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has on these points given very valuable remarks, and interesting examples, and established facts. In the same way as the cellular tissue, the mucous and other membranes, and different tissues (according to Emmert's researches) may become infiltrated with medicinal substances, so may the nervous tissue likewise.

We may give as examples:—the strong action of Belladonna on the iris by local application; the topical action of sedatives, as Opium, the application of medicines for the glands, which produce a quick local action without the participation of the organism; the narcotisation of isolated nerves by means of Opium and Nux vomica—tetanic fits in frogs, even when the heart has been separated by ligatures, or entirely detached, after the introduction of Strychnine into the skin, the cellular tissue or the stomach.

The extension of medicinal action by means of the blood (2) (although the lymphatics as well are here active, yet absorption takes place in general by the veins) is rendered probable by the recovery of substances in the blood, in the secretions, in the substance of the organs, and in the expired air. The necessity of previous reception into the blood before general action can take place may, however, be admitted as a general rule. After the application of cupping glasses to a poisoned wound, or of a torniquet above the wound, no general action follows, although general action will follow if vascular communication with a poisoned and detached part be kept up artificially by a tube. Medicines introduced immediately into the blood act in general with greater speed and violence. Nervous communication merely will not ensure general action: on the contrary, division of the nerves, of a part, or of the spinal marrow, or in general interruption of the nervous communication, will not prevent it, as Arnold's experiments with Strychnine fully prove. In fine, there is no doubt, as we have shewn above, that medicines cause material changes in the blood itself, from which the nerves are affected secondarily (*b*).

In addition to the examples given above we may here cite, that Saltpetre and Sal ammoniac lessen the coagulability of the blood. The passage of Phosphorus into the

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blood shews itself externally by the smell of the expired air, and its emitting light, by a diminution in the circumference of the blood globules, and in the coagulability of the blood, and from immediate contact by softening of the spinal marrow.* Acids and bases evince their affinity also in the organism. The vegetable acids change themselves into carbonic acid.

Iron, Saltpetre, Sal ammoniac, Phosphorus, enter into combination with the constituents of the blood; Saltpetre, Sal ammoniac, common salt with the protein. All this authorizes us to characterize the separation and apposition of the dynamic and the material as a misapprehension of the vital manifestations. We are also compelled to ascribe an important part in the giving effect to medicinal action to the vascular as well as to the nervous systems. An examination, however, of homœopathic specific action, the quality of the medicines employed, and the manner of cure, its frequent lightning rapidity, all induce us to ascribe in by far the great majority of cases under our mode of treatment the decisive influence and the primary action to the nervous system.

The consideration of the morbid process.

After the observation of the locality as regards the functional and material phenomena of the morbid state, comes the consideration of the morbid process itself. The specific relation of the medicine to this element must necessarily play an essential part in the similarity, the agreement between the medicine and the disease. For it is undeniable that the individual nature of the disease which must correspond with the individual character of the medicine, is principally based on its peculiar life, which takes a certain physico-pathological course on a given anatomical basis, and perfects its development according to certain laws and tendencies. An ulcerative, croupy, catarrhal, and typhoid process, occurring as they do on the same mucous membrane, will depend on the most different pathological conditions,

* See Arnold's Researches, Hys. Bd. xxiii, S. 9 ff.

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diverging in determinate pathogical directions materially and functionally. It becomes, therefore, the problem of a rational pathology to discover those several physiological fundamental conditions, simultaneously with the anatomical seat in each case of disease. But it is also necessarily the problem of rational therapeutics, (a problem to which the therapeutico-physiological school, consequently the homœopathic, can alone claim the praise of having attended,) to determine the physiological fundamental character which must qualify the medicine employed, if it is to act on this peculiar process.

Now it is the provings of the medicine on the healthy body which afford the means of attaining this knowledge. We willingly confess, however, that we need the aid of pathological experiences to facilitate the generalization of the morbid process which we require: in one word, that the symptoms alone, without further combination, comparison, and induction, will never lead us to sound conclusions on the morbid process. For instance, it is of great importance to us, and it facilitates the indication when we know the particular pathological state which underlies a diarrhœa, and consequently led by the symptomatology and practical experience, distinguish the relation of Mercury to the hyperæmic, of Pulsatilla to the gastric-catarrhal, of Antimony to the gastric, of Arsencium, of Acidum phosphoricum, to the typhous, of corrosive sublimate to the dysenteric process. At another time the conditions underlying the diarrhœa, such as teething affections, tubercular disease, scrophula or pregnancy, require a special consideration, which must not be confined to the symptoms of the medicine merely, but must also be directed to the generalization that a given series of medicines exactly corresponds to this or that process, and to that series must our attention be limited, and out of that series must corresponding symptoms be selected.

In tubercular diarrhœa we therefore make our sélection, similarity of symptoms being presupposed among Calcar., Chin., Ferr., Phosph., Arsen., and in scrophulous, among

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Calcar., Lycopod., Silic., Baryta, &c.; when occurring in pregnancy, among Antim., Lycopod., Phosph., Petrol., Sep., Sulph.; in teething, among Chamom., Merc., Calc., Ipecac., Sulph. and Phosph., &c. Without this knowledge of the special relation to the morbid process, acquired from the general physiological and special pathological character of the medicine, we may be often led astray, though an apparently exact correspondence of symptoms may exist, for this may be merely superficial. We proceed to give some examples by way of illustration. The treatment of ulceration of the mucous membrane of the mouth will be very different according as it is dependant on simple hyperæmia or local causes, (ulcers of the follicles, phagedenic, excavating ulcers,) scurvy, mercury, syphilis, or other constitutional causes. In such cases the symptoms corresponding to the form of the ulcer are less decisive than the character of the medicine.

Vomiting, constipation, are frequently almost isolated symptoms of disease. If we now compare the exciting causes which underlie those in strictness only symptomatic, but not the less substantially occurring states, and consider how on the one side in practice such states occur as partial diseases, presenting only a few points of observation, and how on the other hand the medicinal symptoms exactly on such points present indications but little characteristic, it becomes clear that it is only the relation of the medicine to the different pathological processes which call forth one and the same symptom which can produce a rational cure. The use of Iodine, of Bromine, of Spongia in croup is well known. On comparing the symptoms they excite with those of croup, a great similarity is perceptible. But who will deny that many other medicines present quite similar if not quite such characteristic symptoms, without having their specific relation to this process confirmed by experience, as for instance Conium, Ipecac., Sepia?

In spite of the well defined symptoms which distinguish the medicines against toothache from one another, we have often transitions from one to another, as for instance between Mercurius and Chamomilla, Nux and Sulphur. If then the

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symptoms are not sufficiently marked to determine by themselves the choice of the medicine, the congestive, the nervous, the arthritic, rheumatic, carious character of the toothache, and the correspondent peculiarity of the medicine comes in to our help. A typhous, tubercular pneumonia will call for other medicines than a pure one, even though the symptoms may appear alike. Dropsy after exanthemata requires in consequence of the underlying diathesis other medicines (Ars., Dig., Hell., Calc., &c.) than one after debilitating losses of the fluids (China, Ferr., Sulph., &c.); or in consequence of organic degenerations (Kal., Lyc., Baryt., Spig., Squill, &c.).

Quite in this connexion occurs the necessity to pay attention to the stage of the morbid process, for this is always changing and puts on different characters at its different periods, consequently requires different medicines, as for instance is particularly remarkable in inflammation. On perceiving the external manifestation of these changes, the practitioner will derive great advantage in selecting medicines which in their general and special physio-pathological character correspond to this or that period. Thus we employ Bryony in consequence of its tendency to produce exudation in the second stage of inflammation, but Aconite in the first. Thus does the action of Phosphorus on the nerves of the vessels explain its employment in the stage of hepatization of the lungs, that of mercury its use in the suppurative stage of inflammations, that of Hepar Sulphuris in abscesses, the second stage of catarrh, the third of hooping cough, the commencement of the retrogression of croup. Thus the different periods of hydrocephalus, the progressive degrees of scrophula, of syphilis according to the affected tissues, (primary, secondary, tertiary symptoms,) make differences in treatment. All demands a symptomatic phenomenal basis, and yet requires a deeper physiological appreciation. Here we have a confirmation that we should never, for the sake of the symptoms, which however are our guide-posts, lose sight of the generalization; that this latter, however, is never for us a vague and hypothetic essence, but

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must depend upon objective perception. In the particular we never lose sight of the general, nor in the latter the former.

The consideration of the external and internal exciting causes.

Since disease is a process compounded of the outward noxious influence and the activity of the organism, upon which the former must be considered as still exercising a continued influence, we cannot thoroughly characterize the disease without knowing its external exciting cause; not merely in the internal physiological causal element, which we, who have no great love for speculations about the "essence," suffer to stand over with the proximate cause. With regard to the choice of the medicine also we have to prosecute our enquiries on this side. Medicines, we have seen, are distinguished in relation to different processes and forms of disease, it is therefore evident that in the question of similarity not only have we to do with the symptoms of the disease at present under our notice, the so-called "status præsens," but also with the past, the preceding symptoms, the course from the first development, together with the predominant exciting elements. For a gastric disturbance, a chill, an overheating, an emotion, a weakening influence from loss of fluids, though they may call up a similar form of disease, for instance, a cardialgia, must yet be met by very different medicines. If this be important in acute diseases, it is much more so in chronic, where the so-called constitutional disturbances, generally depravation of the whole mass of the circulating fluids, render an exact appreciation of the exciting causes necessary for their successful eradication; for there is not in the symptoms alone without this point of support, without a previous resolution of the question whether in reality such a general disease underlies the phenomena, a sufficient indication for the cure.

Hahnemann, therefore, in spite of all his dislike for subjective reflexion, in spite of his dictum to keep to the objectively perceptible symptoms, created the psora-theory, which, if we give up the indefensible categories, rightly viewed, was

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nothing more than a recommendation to enquire into the deep seated etiological relations, an enquiry extending necessarily into the remote past.

Closely connected with these causal relations is the strictest consideration of the individuality in all its relations. This element is a not less important requirement for a just appreciation of the relations of the medicine to the disease. In going with precision into the causal elements, we come to the circumstances which occasion certain predispositions to disease, which assist in the determination of the character of the reactivity, the so-called strength of the individual. These are birth, education, habits, mode of life, in a word, congenital and acquired dispositions. These explain the prevailing tendency to this or that disease; for example, to catarrh, rheumatism, congestions; the predominance of the venous system, lymphatic obstructions, scrophula; finally, also the sthenic, erethistic, or torpid character of diseases, which are founded more in the general relation of the individual, in his reactivity particularly, in the elements belonging to the past, than in the local constitution, or the special physiological nature of the disease. Thus a strict examination into all the predominant internal and external exciting causes leads us into the characterization of the individuality, which is therapeutically indispensable to us, because it facilitates the diagnosis of the disease in many regards, and not unfrequently determines the choice of the medicine; for as we have seen, it is not only of advantage to us to know whether we have, for example, to do with a congestive or a dyscrasic inflammation; whether a node owes its origin to gout, or to the abuse of Mercury, or to scrophula; whether hypertrophy of the spleen is occasioned by abuse of China, or by internal causes; but it is also of great importance for the choice of the medicine whether a hæmorrhage bears a sthenic or asthenic character; whether a spinal irritation is a sympathetic or primary affection of the spinal chord without previous sexual weakening, or whether it is the consequence of over excitement in connection with loss of fluids.

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The psychical peculiarity.

The knowledge of the psychical peculiarity belongs also to the characterization of the individuality; a knowledge which homœopathy first succeeded in applying to therapeutics, and which is to be sought in differences of temperament, and in particular manifestations of intellectual activity and states of feeling, and directions of the will. These circumstances indeed are dependent on anatomico-physiological differences of constitution, and the psychical action of the medicine is consequently in all probability deducible from its physiological elementary type. But to say nothing of the fact that this deduction has many difficulties, especially where we have to do with passing states, a case of frequent occurrence in the choice of a medicine, this sphere of action developes so peculiar and special a circle of phenomena, that a separate consideration of it becomes necessary. An additional reason is, that even were the deducibility of the psychical from the physical conceded, the physiological character will not fall within a few general positions, but must be presented in detail in its different ramifications. These psychical differences in the action of medicines observed as they first were with precision and care in the physiological provings, present indications of the highest importance, even in diseases where these phenomena might seem to a superficial observer as less available. Not unfrequently do they present us, in cases where allopathy has no data, with a costly treasure of experiences already happily established. We have in mind, for instance, the effects of anxiety, fright, and fear, where Acon., Op., Puls.,—the action of care and grief, where Ig., Ac., Phos., Staph.,—sufferings from home-sickness, where Caps., Aur., &c.,—the ranklings of mortifications endured, where Col., Ig.,—or of vexation, where Cham., Col., are principal remedies. The different functions of intellectual activity and their disorders, as weakness of memory, forgetfulness, mistakes in words, stupidity, dulness of the thinking faculty, or morbidly excited intellectual power, desire, or aversion for mental labour; the moods of feeling, as peevish-

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ness, irritability, furious anger, gentleness, tearfulness, suspicion, anthropo-phoby, obstinacy, indifference, melancholy; modifications of the imagination, as illusions, visions, love-sickness; manifestations of the will, as malice, desire to murder, revenge, boldness, desire for suicide, ambition. All these find their images and antidotes in the treasury of homœopathic medicine.

The telluric, miasmatic, and epidemic influences.

In conclusion we have to make mention of another relation of similarity, which, even more than the others, may indicate the great circumspection which is observed in homœopathic practice for the discovery of the specific medicine, I mean the consideration of the telluric, miasmatic, and epidemic influences.

Just as in the examination of the symptoms, we must enquire not merely into the anatomical and physiological, but also into the physical and chemical conditions of the disease, so far as they are contained in it; we cannot obtain a perfect knowledge of the special nature of the disease without ascertaining the modifications which it undergoes from external physico-chemical circumstances and conditions.

And we are fortunate enough to possess medicines which correspond to these variations from temperature, climate and changes of weather, inasmuch as they manifest in their provings aggravations or ameliorations, as the temperature is higher or lower, or the day or year more or less advanced, at changes of weather, the new or full moon, &c.; from the influence of the air or wind in general or particular, (from stormy weather, &c.,) which circumstances present a measure or standard for the choice, according as these or those circumstances prevail. And who will deny that these circumstances exercise a great influence on the human organism? that consequently the phenomena presented by medicines under these circumstances come under consideration, wherever we have to do with the consequences of these influences?

We observe this, however, remarkably brought out in epidemics, whose historical course of development comes out

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in large tableaux, like types of disease! However much there may be mysterious about the external physico-telluric states, about their share in the miasmatic or contagious nature of diseases, and about the essential nature of epidemics themselves, experience undeniably shows that each disease that appears in an epidemic form preserves its own special peculiarity. It is possible and probable that this speciality of particular epidemics depends on those unknown cosmic conditions; for otherwise a fact known to every practical homœopath would be inexplicable, viz., that medicines even quite suitable will be vainly employed in epidemies until experience after a careful comparison of the specifically indicated medicines discovers the one exactly corresponding with the prevailing epidemic conditions.

We have only to think of the influenza, autumnal dysenteries, epidemic diarrhœas, typhus, and cholera epidemics. The different remedies found especially efficacious in one epidemic show themselves perfectly inoperative in another. A more precise appreciation of the elements underlying epidemics must be arrived at, if we are to get a process of cure rationally adapted for all cases.

The idea of specificity, and homœopathy as its doctrine.

If we now reconsider the elements developed in this division, it will become evident, that under all circumstances the objectively present phenomena, the symptoms, deserve the first consideration in the relation of similarity, because they give the most remarkable fixed points for the choice; that this consideration, however, is not the only one, but must be completed by the establishment of a correspondence as to all the relations already described. With the purpose of expressing more clearly this exact definition, not as some think, extension of the homœopathic principle, homœopathy has itself been indicated by several of its cleverest cultivators as the doctrine of specificity, or the specific method of cure. It remains a question whether this was necessary, still more whether it was advantageous. It did not diminish misunderstandings; on the contrary. In various quarters this was

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treated as a surrender of the distinguishing principle, as a return to old medicine. This, however, is by no means the case, when the difference between the modes in which the idea of the "specific" is understood in the two schools is considered. The old school has its "specifica organorum, et morborum." As to the first, it forgets the difference of phenomena, and with regard to the last restricts itself to names and classes of disease, as Celsus, Dioscorides, the Galenists, Dr. Hoffmann, and Hufeland prove, and more lately Oesterlen, Ruete, &c. And even Kopp, who in a modified way defends homœopathy in his "Deukwurdigkeiten" has only "specifica organorum." Others, as Sachs and Stieglitz, lay the chief stress on the certainty of action on a given organ, and do not shrink from taking into the definition the acknowledgment of ignorance as to how this action takes place. Wendt and Griesinger consider "arcana" and "specifica" identical. Wunderlich, who often uses "empirical" and "specific" as synonyms, confesses likewise the obscurity in which the mode of action is involved, and has principally "specifica morborum" in the usual way. H. L. Richter's statement characterizing in one sentence the whole modern tendency of the new school is an accurate description of this mode of view. "The special indications of diseased forms (indicationes morbi) are not so much directed to a specific medicine, or a specific method, (which with the advance of science, will gradually give way to indications of cure based in physiology,) but result from special peculiarities of individual diseased forms or species, principally (sic!) from particular stages of the morbid process, &c." *

Walther comes very near to the true idea of the specific † when he supposes that each medicine may act specifically, and that this specificity consists in a condition to be exactly determined essentially from the morbid life, which must be investigated in the disease as well as in the medicine. These conditions are general and particular, and affect the individual constitutions of the human organism

* V. gt. Grundriss d. inn. Kl. 2 Aufl., 1853, S. 13.

† Hufeland's Journal, May, 1839.

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and their variations, including all and every alteration of the variations of the morbid character occasioned by the external universe. Each alternation which the diseased forms pass through in different phases of their development, determines the specificity of individual medicines, consequently the specificity is of an alternating character, &c. He wants however the knowledge that the medicine itself is a pathogenetic element, and has of course no idea of the mode in which this is to be established.

The new school has specifics against morbid processes, as Tart. em. against pneumonic, or chemical states, as Beneke and Garms teach. But both these cases are partial, and the last, in consequence of the progressive nature of chemistry, passes on into hypothesis. We were much surprised to find even Kissel stating that the idea of the specific was capable of being investigated in a chemical way. Medicinal substances, according to him, supply a specific want in the blood or organs, which occasions disease. If they remove this want, the basis of the disease, and the process dependent on it, they become specific medicines. This is not acting on the form, the function, and the process, but upon the basis, the cause, and the essence, which excited the pathic process in the blood or the organ. And because homœopaths do not proceed upon the essence (this essence) of the disease, but in the most recent development of their doctrine, hold no longer "indeed merely to the external symptoms, but only to the appreciable anatomico-chemical changes, which do not allow us to ascertain the essence, and do not vary with it," consequently "they do not possess the correct idea of the direct mode of cure, which is also sometimes called the 'specific.'"

We see, on the contrary, on how much surer a basis this idea of the specific is built in the homœopathic school.

Hahnemann takes as the specific "not the general in medicine, but something quite special." Everything with him is "individual and special." There are with him no "absolute specifics" for particular diseases in the usual sense, but there are as many specifics as there are different states of individual diseases. The "similia" must con-

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sequenly correspond not to genus and species, but to particular cases in all their peculiarities.

Provings on healthy persons are the sure guide to the knowledge of the tendencies of medicinal action, and to their employment on fixed principles. Homœopathy is consequently the doctrine of rational-specific medicines.

Stapf* calls specificity the condition of mutual relationship of different influences as well as of diseases, and the influences which affect them (external circumstances) in the last case, "a natural relation," which depends on mutual, most intimate, and essential peculiarities.

Wolf† extends the idea of specificity to diseases in specie, but is not fond of this expression on account of its abuse in the old school.

Roth and Kurtz particularly, limit the idea more strictly. It is not enough to know the affected part, but we must enquire into the primary and chiefly affected factor, into the organic tissues, &c., so as to learn what organic functions suffer, and in what peculiarities the pathological state consists. For all this we must find a correspondence in the medicine.

This is Schroen's "concrete-specific" method, and Martin's fundamental state of the disease, which requires the corresponding similar medicine.

J. W. Arnold, who had some time before expressed himself on the "individual" in the specific, has very well arranged the particular requisites for the same. According to him the principal part of our knowledge of the specific peculiarity of the medicine we are about to use homœopathically consists in the knowledge of its elective action on an organ or system, and in an exact characterization of the kind of affection excited, obtained by an observation of the functional powers, which are to be submitted to a physiological analysis, in order to obtain the internal connection of the disturbance, as well as of the physico-chemical changes.

The idea of specificity, however, comprehends in itself the special and proximate relations to the peculiarity of the dis-

* Arch., i, 1. † Idem. 418.

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eased state. It is sufficient to have quoted these opinions, adhered to with remarkable uniformity by Watzke, Rapou, Dufresne, Black.

The doctrine of specificity has been only properly defined by means of homœopathy, and rationally confirmed. Specific and homœopathic are so far identical, as each true specific is a simile, and vice versâ. The controversy therefore about indicating the school by this or that name is idle and fruitless. We prefer homœopathic as more determinate, because it conveys the principle, and because so many misapprehensions about what is "specific" are attached to the old school, because there is apparently so much about it to set the mind at rest, that people think they can open every riddle with it, and get rid of all deep investigation.

The final conclusion of the whole discussion has been strikingly put together by Griesselich, one of the first cultivators of the specific school: (*a.*) there are no genuine specifics but such as have been first physiologically proved; (*b.*) each specific is also a simile, consequently its employment according to homœopathic principles follows. The physiological proving of the medicine therefore makes itself essential as the first requisite. Through this we learn what organs and systems are affected by the substance, what conditions are excited in the organism, and by what phenomena these changes become manifest, whether they be objective or subjective.

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