

"A few pellets of Con.³⁰, were dissolved in a dozen teaspoonfuls of water, and a teaspoonful ordered to be given every three hours. The pain soon passed off, as by magic, and the patient made a rapid and very satisfactory recovery.

"Respectfully,

"L. SHAFER, M. D."

Does not the above prove that the one symptom of stitches in the locality named was of far more value than all the other symptoms of the case combined? Who would have otherwise thought of Conium as a curative remedy in pneumonia, and given it in preference to several other remedies for *rust-colored sputa*? And yet we see that under it, "*the pain passed off, as by magic,*" and the "patient made a *rapid* recovery," of course from *all* other symptoms as well as the pain.

PROVINGS OF SULPHATE OF COPPER.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

(1.) Mrs. — took ten drops of the 30th centesimal potency, prepared by me with water:

Heat beginning on dorsa of feet, *first left, then right*, then extending up anterior part of legs as far as knees; it lasted thirty minutes, then went off, leaving a sensation as if needles were pricking the parts for five minutes (after two hours and five minutes).

Coldness beginning in small of back, going all over body, then suddenly going into legs, *first the left, then the right*, with shivering so that she sat near the fire for a few minutes (in two and one-fourth hours).

Sick feeling in stomach (in three and one-fourth hours).

Shooting inwards in temples at short intervals, the *left* being first affected, relieved by pressing temples with hands, and causing irritability of temper (in three and three-fourths hours).

(2.) Mr. — took ten drops of the 30th in water:

Dull aching soreness in middle of right tibia, felt when walking, not when at rest, with tenderness on pressure.

(3.) The same prover took ten drops of 3d centesimal. Woke next morning with metallic taste in mouth.

(4.) Mr. — after several doses of 3d centesimal:

Provings of Sulphate of Copper.

Feeling as if there was a throbbing lump in the heart internally, the beating of the heart seemed louder; this lasted five minutes, and went away gradually.

(5.) Mr. — two days after last dose of 3d:

After rising from bed, pain like a tight narrow band all round head (on a level with upper part of forehead) and feeling as if top of head would come off. This lasted all day, varying in severity; worse on laughing or stooping; relieved by cold wind. It was accompanied with desire to be quiet.

NATRUM SULPHURICUM.

BY E. W. BERRIDGE, M. D.

This preparation was made by dissolving a few globules of 200th (Lehrmann) in water, and adding alcohol.

(1.) E. W. Berridge, M. D., took thirty drops in a large amount of water.

Inability to think (in fifteen minutes).

Great sleepiness after dinner, and on waking after the sleep a disagreeable taste in mouth (second and third days).

(2.) Miss — took a drop in water at 3.30 P. M.:

Pressure in forehead and coronal region for a few minutes (in forty minutes). All the evening, after sunset, the same pain in forehead and vertex, with great heat on top of head. The pressure was relieved by the pressure of the hand, or by keeping quiet, or when lying down in bed; much worse on thinking (first day).

During evening, after sunset, creeping in scalp of vertex, for ten minutes (first day).

9.30 P. M. after sunset, feeling of oppression of chest and of a ball in throat, with tendency to cry,—like hysterics; for fifteen minutes (first day).

During night, constant waking; unpleasant fantastic dreams (first night).

(3.) The same prover took one and one-half drops in water at 4.15 P. M.:

Evening after dark, feeling of heaviness in head, better when in bed (first day).

In afternoon, slight pricking in abdomen (second day).

(4.) Miss — took one and one-half drops in water at 4.15 P. M.:

Pinching in bowels with pain in forehead *at the same time*, off and on; when bowels got *better* the pain in head *ceased*, for half hour (in ten minutes).

Sore throat, chiefly at back, with feeling of contraction when swallowing saliva; the soreness is worse by talking or swallowing solid food, for three-fourths hour (in forty-five minutes).

Cough excited by tickling in throat; causing raw feeling in middle of chest (in forty-five minutes).

Roof of mouth feels sore when the bread touches it; afterwards sore even when not eating, for two and a half hours (after one hour).

At tea time, more appetite than usual (after one hour).

A spot on left chest close to sternum, about the middle, is sore to the touch (in two and a half hours).

(5.) Mrs. — took a drop in water at 4.30 P. M.

Tingling in both arms and hands (especially in hands), chiefly in the right, as if galvanized; arms feel as if paralyzed, for two hours (in five minutes).

Dull aching pain in forehead over eyes (in ten minutes).

THE "FIBRINOUS CRISIS,"—ITS CAUSE A LOSS OF ALBUMEN FROM THE BLOOD.

In discussing the cause of the so-called "*fibrinous crisis*," or what we prefer to call, simply, an excess of fibrin in the blood, it should be understood at the outset, that this is one of the NATURAL constituents of the blood, furnished to the latter from the chyle, in its proper relative proportion to the other constituents, through entirely *healthy* action, and as fast as the completion of the digestive process introduces into the lacteals the proper materials for its organization; just the same that each and all the other constituents are introduced more or less directly into the blood, either through the lacteals or the walls of the intestinal capillaries, in their proper relative proportion, by entirely healthy digestion and absorption.

And for these reasons, among others, soon to be noted, we must take issue with the claim so universally made by path-

ologists, physiologists and chemists, that *inflammation* causes the increase of fibrin in the blood, which is so commonly found existing in connection with that diseased action. That there may be no doubts, or misunderstanding, upon these two points, we introduce the subject with the following quotations to elucidate the former assertion, and will then give proper attention to the second proposition.

Kirkes and Paget, in their "Manual of Physiology," say on page 67:

"The development of fibrin appears to proceed commensurately with that of the second set of corpuscles. In the earliest state of the chyle no fibrin exists; but when chyle-corpuscles are formed, the fluid in which they float is spontaneously coagulable; and the fibrin, whose existence is thus proved, appears to increase as the chyle proceeds onwards to the blood, and passes through the lacteal glands. Yet, in the most perfect chyle and lymph the fibrin is less abundant, and coagulates less firmly than in the blood: we may therefore assume that its development, like that of the corpuscles, is perfected in the blood itself."

Carpenter also says on this point, pages 452 and 453, of his "Physiology":

"The chyle drawn from the lacteals that traverse the intestinal walls, contains albumen in a state of complete solution; but it is generally destitute of the power of coagulation, no fibrin being present in it. * * * * * During the passage of the chyle, through the absorbents on the intestinal edge of the mesentery, towards the mesenteric glands, its character changes in several important particulars. The presence of fibrin begins to manifest itself, by the slight coagulability of the fluid when withdrawn from the vessels; and while this ingredient increases, the albumen and the oil-globules gradually diminish in amount. * * * * * During the passage of the chyle through the mesenteric glands, a further increase in the proportion of fibrin takes place; and the resemblance of the fluid to blood becomes more apparent. The chyle drawn from the vessels intermediate between these and the central duct possesses a pale, reddish yellow color; and when allowed to stand for a time, undergoes a regular coagulation, separating into *clot* and *serum*. * * * * * The chyle from the Receptaculum and Thoracic Duct coagulates quickly, often almost instantaneously"; thus showing, of course, that the fibrin has here still more nearly approached its maximum quantity, and also the perfection it attains in the blood.

These statements by Kirkes and Paget, and by Carpenter, are essentially confirmed by all other physiologists. From all this, then, it is clear that there is a special natural function