

his term of professional activity may have been, relate to the question of nursing, and his attempts at curing or palliating the distress of the manifold irregularities and frightful disturbances of this function often lead him nearly to despair in regard to medical aid.

I will here touch upon a few of the most common among the disorders of lactation, as they have presented themselves in my practice.

**SORE NIPPLES.**—This is perhaps the most common of nursing complaints, and, though apparently a simple disease, it is often the forerunner of more serious disorders. Considered by itself it is an excoriation of the skin covering the nipple; this partakes of the general character of the skin covering or surrounding the lips, anus, vulva, etc., approaching apparently the character of mucous membranes, into which it gradually merges down the mammillary ducts, as does the skin of the other organs just named. The epithelium is looser than that of the white skin more remote from the nipple; the underlying *cutis* is thick but more spongy than the *cutis vera* of other parts, and is closely interwoven with or supported by erectile tissue and pierced by the mammillary tubes. Now, a new excoriation of the surface can not take place without affecting the underlying structures more or less.

The progress of the disease so well known to all, varies from simple soreness and slight fissures to deep cracks and suppurative destruction of the nipple. Before alluding to therapeutic measures, the causes of the complaint claim attention.

In the great majority of cases, the fault is supposed to rest with the infant, which by mother and nurse is accused of sucking too hard. Very likely it does; but if a mother's breast is constituted as it ought to be, that accusation could hardly be justified. With some women the milk undoubtedly flows more readily than with others. Every one who has ever practised milking cows will have observed the difference in the degree of ease with which this operation is performed.

Some cows are said to "hold back" the milk, while others "let it down." I do not believe that the will of the cow (or in the above instance that of the woman) has so much influence as the state of the mind, such as fear of the milker, or other emotions. The nursing infant may be obliged to make efforts with such prolonged vigor as to cause soreness of its mother's breast, especially if she be a *primipara*. In good health this soreness will soon pass off.

Another condition for sore nipples is undoubtedly created by the habit of women to supply an imaginary, and still oftener a real natural deficiency, with pads of cotton and other more ingenious contrivances. It is astonishing to what an amount of physical torment many women will subject themselves for the sake of approaching the standard of an ideal of human development. What that is, may be readily seen at every shop window; a hideous distortion, a caricature resembling the perfect human figure no more than the peculiar little jointed dolls of wood and which are well adapted to fit clothes upon; an operation more difficult upon the natural curves and sections of the living body.

Many observations have established the fact sufficiently, as I believe, that sore nipples, leading to very serious destruction of the breast, are very rare among the poor Irish women wearing no pads, and very common, indeed almost unexceptional, among the more "stylish" residents of this part of the country. The shabby loose garments of a certain class of poor, together with their habits of endurance and consequent physical development, preclude diseases of the breasts to a great extent; while warm clothing, overtaxed nerves, and more delicate development are to be reckoned at least as one cause of sore nipples, as well as of many other complaints.

Besides pads and too vigorous nursing, there is undoubtedly another predisposing cause of sore nipples and other breast complaints but which does not become apparent quite so distinctly in sore nipples as in graver affections of the breasts. We all believe, or to speak more to the point, we know that there are certain constitutional taints, dyscra-



sies, or whatever we may choose to call them. A certain form or perhaps a complication of these dyscrasies, imparts to a patient a visible degree of unhealthiness, such as impure and rough appearance of the skin, pallor or redness of the face, tendency to skin diseases, leucorrhœa, etc.

Concerning the treatment of this disease, I cannot boast of particular success; nevertheless, I am satisfied there are effective hygienic as well as therapeutic measures.

In what may be called simple sore nipples of primiparous women, but few remedial agents are required. Sponging in cool water, and the application of a light cold compress after nursing, has, in many instances, done all that could possibly be desired.

But in severe cases where years of vanity, neglect, or constitutional predisposition are the causes of trouble, more specific therapeutic agents are necessary. It would seem as hopeless to endeavor to counteract by moral suasion the pernicious effects of fashion, as to recommend, in the hackneyed language of our old-school text-books, to an invalid pauper, "a journey on the continent and a liberal diet with wine." There are few diseases where local applications are so useful as in sore nipples. Next to cold compresses, where there is heat and dryness after nursing, Arnica, in the proportion of ten or fifteen drops of the tincture to a teacupful of water, has brought relief in cases marked by soreness and tenderness beneath the surface of the breast. It should never be used undiluted as is often the case, because the alcohol alone may make matters much worse. Besides this, Arnica tincture often produces a papular smarting eruption if applied to sound skin; this decidedly contra-indicates the use of undiluted, but shows the homœopathic connection with sore nipples.

Calendula evidently vies with Arnica and may be used in the same way. Tannin, Tannin ointment, Glycerin and in fact many simple ointments may often be employed with benefit.

Among the numerous internal remedies often enumerated

for this complaint, I have every reason to believe that *Lycopodium* and *Silicea* are highly important. The former where the fissures are deep and painful; the latter in subjects whom I had previously known to be predisposed to rapid or excessive suppurations and where the nipple was being destroyed by ulcerative process.

**BROKEN BREAST FROM MALFORMATION OF THE NIPPLE.**—The next affliction of nursing women, the dread of the patient and doctor, is the broken breast. While speaking of sore nipples, a picture of this terrible malady forcibly presented itself to my mind; and when treating a patient for this less severe disease, apprehension of the more severe form is invariably justifiable, though in many cases inflammation and suppuration originate without apparent external irritation. A description of this well known complaint would be out of place here; but regarding its predisposing causes, I hold certain views which, though neither new nor original, may elicit valuable observations on the part of my colleagues.

I doubt very much if inflammation and suppuration of the breast would attack a healthy woman without direct and violent external causes, such as foolhardy exposure to cold, or mechanical injury, etc. Next to these, the remarks concerning pads, etc., under the head of "sore nipples" may be applied to inflammation of the breast with the same amount of truth.

Aside from all other causes, and without regard to the constitutional predisposition of women, there is, in my estimation, one cause of broken breast to which, I believe, allusion is seldom made. I mean *squeezing the infant's breasts soon after birth*. I have frequently been asked by nurses "shall I squeeze the baby's breasts when they swell?" A nurse who does not hesitate to ask this question, should not be tolerated; for as surely as she thinks it, she will squeeze the child's breasts, let the doctor allow it or not; I know that it has happened, and am morally certain that it will happen again, as long as nurses are represented by the uneducated classes so commonly seen. Nurses are the same



all over the world; as a proof see Dr. Hartmann's book on *Diseases of Children*, where he alludes to the practice of squeezing the child's breasts. Though Dr. Hartmann at once exhibits the primary danger of this operation, the remote and more serious consequences did not become apparent to me until I had some experience of my own. Some old nurses have told me that, some time ago, the practice alluded to was very common; sensible nurses of the better and rarer class now a days do not adopt it, but among the common kind, attending the less enlightened portion of our population, I am sure that it is as much in vogue as it ever could have been, and, unless a sharp look out is kept, it will be as sure to follow as the administration of "saffron tea to bring out the red gum" (Strophulus).

The object of this despicable meddling procedure is ostensibly to reduce the swelling of the infant's breast, observable soon after birth. This swelling may be caused partly by mechanical pressure during parturition, but it seems to coincide more particularly with the development of independent circulation in the child's body, when respiration becomes full and vigorous sanguification takes place. At this period the glandular structures take a new start as it were; a greater influx of blood may be assumed and, at any rate, this process becoming visible in the infantile breasts indicates the future importance of these organs. It is alike in both sexes. In the foetus and up to a certain age in either sex, there is no perceptible difference in the structure of the mammary gland, which may be recognized early in the foetal life, and, according, to Carpenter, may be easily recognized by its redness and high vascularity. I am not acquainted with any description of the progressive development of the mammary gland, exhibiting the degree of resemblance between its foetal and mature condition; though its progress is well observed from the commencement of puberty upwards. At its period of perfection the gland is seen to consist of lobes and lobules, or glands and glandules, connected by lactiferous tubes which intermingle and ramify with each other, terminating in reser-

voirs and mamillary tubes, composed of a fibrous coat, lined with mucous membrane, which appears to have been traced into the ultimate clusters of follicles composing the glandules; the whole being held together by fibro-cellular tissue.

This is the condition of the gland in its perfection. In examining a premature foetus, born even several months before its full term, we find all the organs of the body already formed, and anatomically definable, eyes, hair, sexual organs and all, even to the minutest detail. Knowing this to be the case, we may safely assume great, if not perfect analogy between the early and mature structure of the mammary gland.

What happens now, if violence is used in emptying an infant's breast of the muco-serous fluid it contains after birth? The fluid is partially pressed out; the extremely delicate *rudimentary* follicles may be contused or lacerated in their state of distention, and the walls of the tubules and ducts brought together more or less throughout the organ. The healing process next sets in, cementing and glueing together by new cell growth, the lacerated follicles and ducts. But what of that, the child does well, especially if a boy, but if it happens to be a girl, what then? In a certain number of years she will be a mother, vainly trying to nurse her child. The doctor will find nurses, aunts and grandmothers rubbing and oiling away at a sore breast in which "the milk has caked," and which is very tender and red, *with a deep depression where there ought to be a protruding nipple*; and notwithstanding the vigorous efforts of the child, nurse or breast-pump, these will never draw it out again.

Such a case may or may not terminate in suppuration. I have seen cases where the activity of the gland would gradually subside without that painful termination, but probably most cases would end so.

I do not intend the inference that all cases of deformed nipples, or inability to nurse are caused by the practice of squeezing the female infant's breasts, but I believe that many of them are. I have suspected it in many, and know it to be a fact in several; in these instances the nipple was drawn



in, or rather it was not protruded as it should have been when the breast began to enlarge, previous to the formation of milk, held back, as it were, by the contracted mammillary tubes or cicatrized cellular structure at the base of the nipple. Milk may be abundantly secreted in the sound portion of the organ, but cannot easily be drawn out.

Are there any remedies for such a case? I doubt that such a condition can be cured. But efforts should always be made for the purpose of restoring the normal shape of the nipple, and for this end there is no better instrument than the mouth of some kind person who may be found willing to draw the patient's breasts; and I am bound to say in justice to nurses, that I do not remember one who shrank from this task of pure and disinterested philanthropy. But as far as my experience goes, only partial relief is obtained; both mother and nurse are too often compelled to give up in despair after days or perhaps weeks of patient endurance.

There are, however, many other cases of malformed nipples perhaps by far the most numerous, which do not depend on the causes above described, and which will often readily yield to careful and patient management.

*(To be continued.)*

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#### CLINICAL CONTRIBUTION.\*

BY T. F. POMEROY, M. D., DETROIT, MICH.

Mrs. B., of this city, was confined on the 12th March, at about eight months. She is a blonde, with light hair and eyes, nervous sanguine temperament, highly intellectual and cultivated; in short, a very agreeable and refined lady of about thirty years of age. Previous to this, she had had three children; with the first she had convulsions, (I am not sure whether immediately before or after confinement). With

\* Read before the Homœopathic Medical Society of Onondaga County, N. Y.

the third child she escaped these formidable attacks, as the result of great care and of medication for months before, with direct reference to their avoidance through the aid of homœopathic treatment; and she did escape, although repeatedly and severely threatened, and gave birth to a fine healthy boy, who is now about five years of age; and from this confinement she got up very rapidly and as well as any woman ever did.

In consequence of a slight fall upon the ice in the latter part of the winter, and partly perhaps from over exertion from excitement afterwards, she was taken in the afternoon of March 11th, 1865, with the peculiar nervousness and feelings of apprehension that had preceded and ushered in those violent convulsions of her first two confinements, as well as the threatenings of the third confinement, but at this time they seemed much more decided emphatic and in connection with the fact that she had not gone beyond the eighth month of pregnancy, betokened a formidable and dangerous illness, which augury was most fully verified in her subsequent history.

Without entering into full details, I will state that she had her first convulsion at about seven, p. m., of the 11th March, and between that time and eight o'clock of the next morning she had fifteen distinct and separate convulsions of an epileptiform character and most violent and frightful in degree, presenting *all* the phenomena of that horrible disease at each repetition. Having attended her at and before her third confinement, and understanding the history of the first, I fully comprehended the danger attending this one and immediately gave her Pulsatilla in the 12th or 21st dilution with the view of hastening the labor, believing that the convulsions would not cease until the fœtus was expelled, except with her life; for, in addition to the convulsions, she had during the interval between them the most frantic delirium, with biting, and tearing and endeavoring to escape from the bed, so that it required, for nearly the whole night, four female attendants to hold her still, and with all this she was



besides, totally blind and deaf; (she has been partially deaf since her two first confinements and in consequence of the conditions attending them, as is supposed).

At or about three or four o'clock of the morning of the 12th, I made a vaginal examination (the nurse had made one some hours earlier and found no dilatation of the *os uteri*) when I found that labor was progressing satisfactorily if not rapidly, with a head presentation, this gave me great hope and courage, although her pulse had become quite feeble and her strength was evidently failing. From this, labor progressed coincidently with the alternate delirium and spasms until about half past eight o'clock of the morning of the 12th March, when she was safely delivered of a dead child, and shortly after of the placenta, and was then as comfortably put to bed as the circumstances of the case would admit. After the termination of the labor the convulsions ceased altogether, although there were several subsequent attacks of the delirium, and she was not restored to consciousness or sight and hearing until the following day during the forenoon. From this severe and dangerous illness she rapidly recovered, and was up and about the house within four weeks from her confinement, and has continued in her usual state of health ever since.

I will now state a physiological fact that I observed during the progress of the labor and which fact led to this communication, viz.; that the labor progressed only during the stage of delirium, while that of the spasms was characterized by an entire absence of uterine contractions or in other words the delirium marked the recurrence of the labor pains although there was no other evidence of pain, while the spasms marked the intermissions between the pains. In the absence of this positive evidence I should have supposed that the contrary would have been the fact, the convulsions attending the progress of labor, and the delirium the intermissions. I administered successively, Belladonna, Ignatia and Hyoscyamus, at about the 12th and 21st attenuations, to control or modify the spasms.

## OBSERVATIONS ON MATERIA MEDICA.

BY CARROLL DUNHAM, M. D., NEW YORK.

Dr. Hering has very happily explained that Hahnemann called his *Materia Medica* "pure," not as claiming that it is "spotless" or *faultless*, but that it is "free from fiction," from preconceived theory, from hypothetical notions; that it embodies the result of the pure observation of phenomena produced by drugs upon the healthy organism.

Such is our *Materia Medica*—a record of actual occurrences, of events that really took place, of results that were unquestionably produced upon the healthy subject. It can never grow obsolete. Theories may be originated, may flourish and grow antiquated, and at last fade into oblivion. The hypotheses that constitute the science of Pathology, after passing current for a generation or two, are sure to be repudiated in favor of some newer issue, and the very terms in which they are expressed may become unintelligible as time goes on. But the facts of our *Materia Medica*, expressed in the ever comprehensible vernacular language, are always fresh. Being the results of pure observation and therefore *absolutely true*, no modifications in philosophy, no changes of theory can supersede them. Our *Materia Medica* is an ever-enduring work.

It is of the utmost importance that it should always retain this quality of "purity," this freedom from fiction and from hypothesis. Very justly, therefore, do the leaders of our school denounce and discourage all attempts to incorporate into the *Materia Medica*, speculations upon the *modus operandi* of remedies, and inferences concerning the diseases which they may be likely to cure.

But we, whose business it is to encounter disease, the foe we are to grapple and to overcome, receive in our hand this weapon, the *pure Materia Medica*. And before we sally forth to encounter the Philistine, we need to "prove" our weapon, to test its strength, to feel its sharpness and to form



an estimate of the feats we may reasonably hope to be able to accomplish with it, to what tasks it will probably be equal, and for what others we shall need to look elsewhere for an implement. Now, as regards the result of the use of a weapon, much depends upon its shape, texture and temper. But much, likewise depends on the strength and dexterity of him who uses it. The same sword that would serve only to trip up an awkward wearer may execute wonders of prowess in the hand of a master.

And thus it is with the records that make up our *Materia Medica*. The facts are the same to the eye of every reader. But where one mind may see only confusion and a maze of unconnected words, another may discern order and light and the outline of a definite and consecutive chain of pathological processes, and, consequently, a clear indication for the use of the drugs in the treatment of the sick.

For, while the *Materia Medica*, in the *books*, is a simple record of observed facts—in the mind of the practitioner it becomes the subject of reflection, of comparison and of hypothetical reasoning, which will be more or less just and valuable according to the measure of the practitioner's natural ability and to his intellectual culture. For, as has been already said, "The significance of a fact is measured by the capacity of the observer."

It follows, from this, that each practitioner sees, in every drug of the *Materia Medica*, some properties and capabilities different in degree, and perhaps even in kind from those which his neighbors see in it, inasmuch as his natural endowments and his acquirements differ from theirs.

The experience of all of us corroborates this statement. Where one practitioner perceives in the proving of *Nux vomica* an indication for its use in constipation alone, others see equally strong reasons for giving it in diarrhoea, in prolapsus uteri, and in hernia; while only a few, perhaps, would find in the proving, grounds for believing *Nux vom.* to be, as it is, one of our very best remedies in strumous ophthalmia!

Many practitioners infer from the provings that *Lycopo-*

dium is likely to be a good remedy for some forms of chronic constipation and of disease of the bladder and kidney. Not so many, perhaps, would discern its value, as Dr. Wilson did in acute pneumonia, or, as others have done, in that painful form of acute duodenitis which is often loosely called "bilious colic." *Colocynth* is universally recognized as a remedy for flatulent colic, for one form of dysentery and for a variety of neuralgia. But how many practitioners have seen in the proving good reason for using *Colocynth* to cure a chronic ovarian tumor? It has cured one.

It were needless to multiply instances of this kind. Those already cited show that, while all practitioners read the same proving, they perceive each a somewhat peculiar significance in what they read. By interchange of ideas on these subjects, physicians may be mutually benefitted and their capacities for usefulness greatly enlarged. It would appear then that, while the text of our *Materia Medica* should be sedulously kept "pure," as we have defined its purity, we may, with profit, interchange our deductions from what we read therein and our views of its practical application.

And there would seem to be not only room, but a legitimate demand, for essays, or still better, for systematic works on the drugs, studied from a therapeutical and clinical point of view, as a sort of complement to our *Materia Medica Pura*, which very properly regards the remedies strictly from a pathogenetic stand point. Such works would necessarily be of a transient nature and have only an ephemeral value, since they would group symptoms and would necessarily interpret them in accordance with the physiological and pathological notions of the day. But they might be of none the less service to the physician of the generation in which they appear, since it is by the light of such notions, transitory as they are, that he gropes his way among the difficulties and obstacles of his professional path.

Considerations of this kind have emboldened us to lay before our colleagues, hitherto always kindly indulgent of such efforts, a series of studies and reflections upon portions



of the *Materia Medica*. They are avowedly fragmentary, and are devoid of all claim to other authority than such as may come from their intrinsic reasonableness.

In the form of these Observations, we propose to follow, in a general way, the Schema published in Vol. III, pp. 305-313 of this REVIEW, although in the remarks on Aconite we prefer to change the order there given, making the Special Analysis precede instead of following the General Analysis.

#### OBSERVATIONS ON ACONITE.

It happens that Aconite is frequently indicated at the very beginning of some acute diseases and that, if properly used in such cases, it will often cut short the career of the disease. From these facts, has arisen a fashion of giving Aconite almost as a routine prescription in the beginning of all acute cases *indiscriminately*; particularly if the cases are supposed to be characterized by that Protean phantom of the Pathologist *inflammation*.

Great mischief often results from this practice; *negatively*, inasmuch as it causes the loss of valuable time, during which the true specific remedy, which should have been given at the very first, might have been acting; and, *positively*, inasmuch as the Aconite often, when inappropriately administered, does real mischief, exhausting the nervous power of the patient and adding to a prostration which is already, probably, the great source of danger.

From experiments upon animals and men, systematic writers on *Materia Medica* draw the following conclusions:

Aconite is a "cerebro-spinant," a "nervous sedative." Its first action is to benumb the nerves of sensation. This it does when taken *internally*; producing first, a sensation of warmth in the fauces, then, a rough prickling or smarting, and then, a want of sensibility and an absence of the sense of taste. When applied *externally*, to the skin, it produces anæsthesia, without at first, impairing the motive power.

It does not affect the consciousness and intelligence until its action is carried to a very considerable extent. [In this respect it is in direct opposition to *Cocculus*]. Preceding the anæsthesia are observed all the sensations which characterize incomplete anæsthesia, such as, tingling and prickling of the fingers and toes, numbness, etc.

A general feeling of warmth is diffused throughout the body. This soon becomes increased to a disagreeable sense of internal heat with distension of the brain, lips and face, along with a very profuse perspiration over the whole body, itching and a miliary eruption. (Pareira, Stiblé, Wood, Sturm.)

Dr. Fleming describes, in addition, nausea and oppression at the stomach and a peculiar tingling sensation at the roots of the teeth. The pulse and respiration which were at first markedly accelerated, become, after a time, retarded and enfeebled. When pushed to extremes, the cases of Aconite poisoning prove fatal with the usual symptoms of narcotic sedative poisoning. They furnish no distinctive characteristic symptoms.

SPECIAL ANALYSIS.—*Sensorium*. Aconite produces a well-marked vertigo, a sensation as of a swaying to and fro in the brain. This is increased by stooping and by motion generally, especially by suddenly rising from a recumbent posture. Sometimes vision is obscured by it. In connection with these symptoms, a bursting headache, accelerated pulse, and internal heat of the head, with, at the same time, perspiration of the head and thorax. This vertigo resembles that of *Glonoine* and *Bryonia* and is contrasted with that produced by *China*, *Ferrum* and *Theridion*.

The thoughts are confused. The head feels oppressed in the forehead with pressure in the temples.

*Head*. Heaviness and pressure in the forehead as if there were a load there, pressing outwards, and as if all would come out there. Headache as if the brain were pressed outwards. Throbbing and internal soreness. Sticking and pressing headache, involving the eyes; also extending down into the upper jaw-bone.



The headache is pressing from within outward; sometimes throbbing. Its location is the forehead and temples, involving the eyes and upper jaw. It is aggravated by motion, stooping and noise, and relieved by repose. Head and face are hot, especially internally, and covered with hot perspiration.

*Eyes.* A sharp, anxious expression. Sharp, darting pain in the supra-orbital region. The pupils are at first, dilated. The globe of the eye and the lids feel very dry. Subsequently, there is a feeling of pressure in the eye, and pain when the ball revolves in the orbit. Pressure and burning in the eye and over the brow. Moderate photophobia.

*Ears.* Indefinite pains and pressure.

*Face.* Tingling in the cheeks. Sweat covers the cheeks. The face is red and hot, cheeks glow. A sensation as if the face were growing large.

*Mouth.* The lips burn and feel swollen. Mouth dry, with thirst.

*Teeth.* Sensitive to cool air.

*Tongue.* Burning, tingling and pricking. Feels as if it were swollen.

*Throat.* Rough and scraped sensation.

*Gastric Symptoms.* Bitter, flat taste. Loss of appetite; discomfort after food, nausea and vomiting.

*Stomach.* Pressure in the stomach and both hypochondria as if a stone lay there (Bry. Arn.) extending through to the back.

Heaviness in stomach and hypochondria. After repeated vomitings there still remains a sensation as if a *cold stone* lay in the stomach. (Compare Colch.)

Burning in the stomach and umbilical region extending to the epigastrium with throbbing, at length a shivering, followed by heat.

*Abdomen.* Pinching pain, in various parts of the abdomen. Very sensitive to touch and pressure. Distended as in dropsy.

*Stool.* Fluid, rather watery. Sometimes greenish, with some pain and flatulence.

*Anus.* Sensation as of a discharge of a warm fluid from the anus.

*Urine.* High colored, strong in odor and scanty, *without* sediment. It is passed frequently.

*Respiratory Organs.* Sense of smell unnaturally acute. Nasal membrane dry and irritable. Sneezing frequent, and violent, though often restrained because of the pain which it produces in the walls of the abdomen or of the stitch in the left side of the thorax which it often provokes.

*Larynx and Trachea.* Larynx very painful. Sensitive to inhaled air, as if it were deprived of its outer covering. This is an intense degree of the sensation of rawness, etc., in the larynx, of which every prover complains.

Sensation as if the larynx were compressed from all sides. Sensation of *dryness* and *roughness* in the larynx and all along the trachea. This sensation often gives rise to a little hacking cough.

Irritation (provoking a cough) in the larynx, on coming from the open air into a warm room. (Ran. bulb., the same. Rumex, Squilla, Ipec. and Bry., have cough provoked by change from *warm* to *cold* air.)

*Cough.* Dry, hacking, from rawness in larynx and trachea. Or a *forcible* cough, producing a *taste like that of blood*.

Cough always dry, except when attended by clear bloody expectoration.

Cough accompanied by excoriated sore pains in the thorax.

Cough relieved when lying on the *back*, worse when lying on the *sides*.

Expectoration bloody, or consisting of clear blood.

(*To be continued.*)